CIVITAS OXONIENSIS

FORTIS EST VERITAS

CITY OF OXFORD

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1962

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Mr. Chairman, Ladies and Gentlemen,

This is my fifteenth Annual Report and is compiled in accordance with Ministry of Health Circular 1/63.

Early in the year, Ministry of Health Circular 2/62 was received requesting the preparation of a ten year plan for the development of local authority health and welfare services. The Oxford plan, of which a copy is included in this Report, was prepared in the form outlined in the appendix to the Circular and was submitted to the Minister of Health at the end of October. At the time of writing this introductory letter (April 1963), Command Paper 1973 setting out the plans for the health and welfare services of local authorities in England and Wales has just been published. It is an interesting report giving an overall national picture which must be of value to the Ministry and which also enables each local authority to compare its proposals with those of others. It seemed unrealistic to attempt to plan in detail too far ahead and, therefore, the Oxford plan only contained definite proposals for the first five years, but even so there have already been four substantial modifications. These involve an increase in size and consequential re-siting of the Senior Training Centre, an alternative site for the hostel for psychiatric patients, the deletion of the Executive Council offices from the combined Health Department and Health Centre scheme, and the deletion of new clinic premises from the proposed Old People's Home in the South Oxford district.

The birth rate remained high, being identical with the previous year. The stillbirth rate (12.24) was the lowest recorded and the infant mortality rate (16.52) was the second lowest yet achieved. For the last eight years, the Oxford infant mortality rate has been below 21, in contrast to the rate for England and Wales which has not yet reached that level. Favourable comment was made last year on the remarkably low perinatal mortality rate and it is, therefore, all the more commendable that the Oxford rate is once again below 25.

The death rate was the highest since 1940 but the increase this year was due mainly to deaths over the age of 75 attributed to heart disease. There was, however, a substantial increase in the number of deaths from pneumonia and bronchitis, and the number of cancer deaths (224) was the highest yet recorded. The latter resulted from a further increase in lung cancer deaths (53 male and 9 female) to a new peak. It is significant that

nearly half of these lung cancer deaths occurred in persons under the age of 65. How much higher must these figures rise before it is generally accepted that cigarette smoking can be a lethal habit. In happy contrast to the rising deaths from lung cancer, there were only 3 deaths from pulmonary tuberculosis all in persons over the age of 65.

The Blackbird Leys Health Centre has now been open for three years and has become increasingly busy with the growth of the estate, the population of which has reached about 5,000. Originally this was to be the size of the completed estate, but it is now understood that the ultimate population may be double this figure. There will, therefore, need to be some extension of the Health Centre, and the timing and extent of this is under consideration. One doctor continues to practise wholly from the Centre, and six other general practitioners hold, between them, a total of 13 surgery sessions each week. General practitioner and local authority services have become so interwoven that it can truly be said that the Health Centre is functioning as one unit. Towards the end of the year, the formal Agreement between the City Council and the Executive Council, and between the latter and general practitioners using the Centre, was finally ratified. Before the Centre opened, it was agreed that there would be a review of the rental charges to general practitioners after two years. This review took place towards the end of the year and, as a result, the charge for full-time use of a surgery has been increased from £360 to £420 per annum and the sessional surgery fee from 15/- to 17/6 with a reduction to 16/6 under certain circumstances. The new charges which will operate for three years as from the 1st July, 1963, maintain the agreed economic basis with no local authority subsidy in favour of doctors practising from the Centre. Towards the end of the year, the Housing Committee agreed to make housing accommodation on the estate available on request for two general practitioner assistants.

The first two months of 1963 were a very trying time for most travellers but in particular the Ambulance Service are to be congratulated on maintaining an efficient service under the most difficult circumstances. Rather fewer patients were carried during the year under review and there was also a small reduction in total mileage. There was, however, a greater proportion of stretcher cases, particularly amongst patients going to the day hospitals and out-patients at Cowley Road and Rivermead Hospitals. There is no doubt as to the value of day hospitals for suitable patients but the increasing number of stretcher cases does raise some apprehension as to the difficulties of home care and transport for some of these patients. The installation of a frequency modulation radio control scheme was completed in July. In addition to the three main stations at Oxford Banbury and Henley, the scheme includes a link to the Radcliffe Infirmary Accident Service which was the first in the country, the cost being shared between the United Oxford Hospitals and the City Council. The new system, from a technical point of view, is a big improvement. A new

vehicle delivered during the year contained a hydraulic step similar in design to that incorporated in two previous vehicles but on this occasion of sufficient width to take a wheelchair. In the autumn an O. and M. investigation commenced.

The District Nursing Service was below establishment throughout the year and there was a continuation of the gradual fall noted in recent years in the total number of cases treated. The service could with advantage take on more acute work and in this respect there is room for closer liaison with the hospital medical and nursing services. As stated in recent Reports, it is difficult to believe that there is only an average of one patient a week in all the hospital beds in Oxford suitable for discharge directly to the care of the District Nursing Service. During the year, agreement was reached on the use of district nurses for the preparation of patients at home for a barium enema X-ray examination at the G.P. Unit at Cowley Road Hospital, thus saving the need for admission to hospital for this purpose. About two-thirds of all visits made by district nurses were to persons over the age of 65. Amongst these were an increasing number of diabetics requiring insulin injections. Some of the visits are for routine bathing services only and in suitable cases arrangements will in future be made for these to be undertaken by the developing welfare bathing service for elderly and handicapped persons. It was agreed that all district nurses should be entitled to have the use of a Corporation car or be granted a car allowance. Miss King was appointed Assistant Superintendent and attended a three month course in Community Health Administration at the Queen's Institute William Rathbone Staff College, Liverpool. The changeover to the use of plastic disposable syringes has been completed.

The Home Help Service again dealt with more cases and the upward trend in the needs of the elderly continued. In this respect help is easier to give when old people live in purpose-built housing accommodation and particularly where this is grouped as in Headley House flatlets. Recruitment was a little easier and the staff were increased to an equivalent of 50 full-time home helps but this is still below establishment.

Particular attention is drawn to the full and interesting report under the heading of Health Education, dealing with such matters as smoking and health; the appointment of a Teacher/Adviser of Health Education in schools; accidents with fireworks; and parentcraft teaching at an evening clinic organised by a general practitioner partnership. With regard to smoking, the Royal College of Physicians' Report was received and widely distributed. In Oxford there is at least one death each week from lung cancer, quite apart from much disabling bronchitis. It is of significance that only about half as many doctors now smoke as do other members of the community. As far as school children are concerned, a policy of "do as I do" rather than "do as I say" is the only one likely to make any lasting impact. The appointment of Dr. Julia Dawkins as Teacher/Adviser of Health Education in schools is a most important step

and should in time lead to very fruitful progress in this important field. With the co-operation of the Chief Constable and the good will of retailers and cinema owners, a good deal of publicity concerning dangers from fireworks took place in the early autumn and, although it is always difficult to assess the value of such a campaign, the injuries from fireworks were much reduced this year. The pioneering effort of a general practice partnership in running an evening course in parentcraft for their patients with the help of the practice health visitor, and other local authority staff, is much to be commended. A local authority clinic was made available for this purpose. Husbands were welcome and attended well.

The Domiciliary Occupational Therapy Service is finding it more and more difficult to deal adequately with an increasing load of domiciliary patients and with the growing number of Old People's Homes. This service must maintain priority for the younger housebound patients, and, therefore, it is suggested that a craft instructress might be appointed to assist in the Old People's Homes.

My report on fluoridation is included, although the City Council debate on this important subject did not take place until April, 1963. The rejection of the proposal of the Health Committee in favour of fluoridation by 31 votes to 21 was a disappointment but this is unlikely to be the end of this important health measure.

It was a quiet year insofar as the infectious diseases were concerned. There was no case of diphtheria for the thirteenth successive year and no case of poliomyelitis, there having been only one case of this disease in the last four years. Only two cases of whooping cough were notified. The expected biennial measles epidemic commenced towards the end of the year. The re-organisation of wards at the Slade Hospital has reduced the number of infectious disease beds from 36 to 25 of which no less than 24 are in single cubicles. The two modern, well-equipped wards now allocated for infectious diseases are very suitable and adequate to meet the needs of Oxford and a considerable area around. Open visiting was introduced to the infectious disease wards several years ago and has recently been extended throughout the United Oxford Hospitals. As a result of experience at the Slade Hospital, it is considered that the pendulum may have swung too far and that unrestricted and unlimited visiting may, in some circumstances, be bad for patients as well as interfering with treatment and ward routine. Ward Sisters should be given the authority to exercise a good deal of discretion in this matter.

The incidence of tuberculosis increased over the record low figure of last year. New cases were mostly in men and again immigrants provided a sizeable part of the total. There is no doubt that some immigrants bring tuberculosis with them, while others acquire it in this country, probably in many cases from their own kith and kin. This is particularly likely in the case of Indians and Pakistanis who tend to live together in overcrowded rooms and houses. As it seems to be impossible to obtain a routine chest X-ray of all immigrants before or on entry to this country,

it would be very worth-while if general practitioners would arrange for immigrants to have a routine chest X-ray as soon as possible after acceptance on their list. A very successful fete was held at the Osler Hospital in May in aid of the City and County Care Committees which, in spite of inclement weather, raised £300.

There was an increase in the number of new patients attending the V.D. Clinic, and of these, West Indians and Africans formed a relatively high percentage of all male patients. During the year, Miss Mary Deacon replaced Miss Jackson as V.D. Almoner; the latter having served most effectively for several years in this important post.

As a result of the five Pakistani imported smallpox outbreaks early in the year, there was a sudden and unprecedented demand for vaccination. The very worrying reports from the smallpox areas over the week-end 13/14th January, together with the many telephone enquiries received on the Monday morning, and coupled with the heavy pressure on general practitioners, led to a decision to open a special vaccination clinic the same evening intended for Oxford residents having recently come from or going to the smallpox areas and with special reference to returning students. The vaccine lymph supplied by the Public Health Laboratory Service ran out that evening and none was obtainable the following day, but thereafter special vaccination clinics were continued nightly for a total of 22 sessions during which 6,613 persons were vaccinated, an average of about 300 per clinic. Throughout this period, a special watch was kept on Pakistanis coming into the City. As a result of this experience, primary vaccinations throughout the year increased six-fold and re-vaccinations fifteen-fold, involving between them a total which represented nearly one quarter of the population of the City. The infant vaccination rate, which has been between 60 and 70% for the last eight years, shot up to the very high figure of 84%. Towards the end of the year, there was a good deal of national and local discussion as to the optimum time for infant vaccination and, although the risks are very slight indeed, it was thought that they might be a little greater in the first few months of life than later, and for this reason it will be future policy to undertake routine infant vaccination at about ten months instead of about ten weeks as at present. This in effect means changing the present schedule by placing smallpox vaccination at the end rather than at the beginning of the various prophylactic procedures.

Diphtheria and whooping cough immunisations were maintained at a high level. With regard to protection against poliomyelitis, the Sabin oral vaccine became generally available at the beginning of March and rapidly became the vaccine of choice. One disadvantage from the general practitioner point of view is that it is only available in ten dose containers.

With regard to the Maternity Service, there were 633 domiciliary deliveries with no maternal death, no stillbirth and only one neonatal death—a fine record. It will be of some interest that during the last ten years when there have been 15,269 live births to City residents, of which

5,288 have been domiciliary, there has only been one maternal death attributable to childbirth. Owing to the increased birth rate, the establishment of domiciliary midwives was increased by two but there was difficulty in recruitment, and as previously we have had to rely almost entirely in this respect on our own Training School. For many years now, all mothers due to be confined at home have commendably booked both a general practitioner and a domiciliary midwife, but in some cases bookings should be made earlier. This year over a quarter booked the midwife after the 24th week of pregnancy, which is far too late for thorough antenatal care. An important aspect of antenatal care is to keep a careful watch on the haemoglobin level; in general this has tended to fall this year and is certainly not as high as it should be at the 34/36th week. It is pleasing to note the greater proportion of doctors attending their patients during delivery. There has been a big increase in the practice of early discharge from hospital in order to relieve pressure on hospital maternity beds. There is good liaison with the hospitals in this respect but at best it can only be regarded as a policy of expediency. The scheme for the assessment of accommodation as to suitability for home confinement has worked better this year.

There were 28 infant deaths in the first year of life of which 23 occurred during the first month and, of these, 21 were due either wholly or mainly to prematurity or a congenital defect. As far as is known, no baby in Oxford was born with a serious congenital defect due to thalidomide. In the light of increased knowledge as a result of the thalidomide disaster, it cannot be emphasised too strongly that no drugs whatsoever should be taken in the first four months of pregnancy except on the advice of a doctor.

The health visiting section has been below strength but nevertheless more work has been undertaken, particularly with old people. There has been a further extension of the attachment of health visitors to general practitioners and the present position is that more than half the health visitors are attached to more than half the general practitioners, and nearly all the larger partnerships are now covered in this way. A further request from a large partnership west of Magdalen Bridge has just been received and this means that serious consideration must now be given to a complete changeover of all the remaining health visitors from geographical districts to general practice patients. There has been a constant stream of visitors and enquiries from other local health authorities concerning this pioneer development in Oxford. Ideally, the health visitor should have her headquarters within the practice premises but if such accommodation is not available, then the next best arrangement is for the health visitor to be sited at the nearest local authority clinic premises. For this reason, as well as many others, purpose-built clinic premises are much more suitable. During the year, it was agreed that the new baths in Lake Street should be extended so as to serve also as clinic premises, which will replace the existing unsuitable church hall serving the South

Oxford area. There was a substantial increase in the number of babies born prematurely, for which there seems to be no apparent reason. The attendance at child welfare clinics up to the age of one year is now practically a hundred per cent. The future aim should be to increase the numbers attending the important yearly birthday examinations advocated until the child attends school. The work at child welfare clinics is more and more concerned with developmental progress and the early ascertainment of congenital defects, particularly deafness for which special apparatus has been provided for testing young children. It has been agreed that the small stock of medicaments of a preventive nature, such as iron and vitamin C, should continue to be supplied free of charge. There are 28 child welfare clinic sessions held each week, and of these seven are taken by general practitioners, of which six are reserved for individual practice patients only. There has been a close working arrangement with the Children's Department with reference to the medical examination of babies placed for adoption. The facilities at Botley Road Day Nursery were much improved by the installation of oil-fired central heating.

Mental welfare officers now work so closely with the psychiatric hospitals that an integrated hospital and local authority service operates in function if not in name. The appointment of a trainee mental welfare officer was deferred owing to inadequate office accommodation. The increase in total admissions to psychiatric hospitals was entirely accounted for by the fact that about 20% were re-admissions of patients who had been in hospital within the previous twelve months. The number of patients admitted under compulsion remained small. Unhappily there was a substantial increase in the number of persons admitted over the age of 60. This figure had previously been falling and a partial explanation could be an inadequate number of geriatric hospital beds, as well as a shortage of beds in Old People's Homes. Certainly the local authority has not been able to take all suitable aged persons from either geriatric or psychiatric hospitals on request; this failing must be rectified as soon as possible. A suitable site for a hostel for long-term psychiatric patients has been found and it is hoped that building can start in the present financial year.

The Training Centre is now very overcrowded with a substantial number of patients from both Oxfordshire and Berkshire as well as from the City. It is hoped that a Senior Training Centre with 60 places can be built in the near future so as to enable the present building to cater only for those under the age of 16. The hostel for subnormal children is now under construction on land adjoining the present Training Centre, but no suitable premises have yet been found, after the most exhaustive search, suitable for conversion as a hostel for adult subnormal persons. It looks as if a new building must be contemplated and this could with advantage be in the same vicinity as the Senior Training Centre. Voluntary help given by such organisations as the Training Centre Parents' Association, Oxford and District Branch of the National Society for Mentally Handi-

capped Children, the U.S. Air Force, Upper Heyford, and children attending Littlemore and Northfield Schools, has been much appreciated.

With regard to the care of the elderly, the paramount importance of adequate welfare services in the home has received increasing emphasis. This must be a service provided on an individual basis and offers a worthwhile opportunity for a true partnership between statutory and voluntary forces. Meals on wheels are now available five days a week. A chiropody service operates at several old people's clubs, at one of the Old People's Homes, and when necessary in the patient's own home. A domiciliary laundry service has been available for many years and it is now hoped to extend this by utilising each Old People's Home as a base for a twice-weekly collection and delivery service. A bathing service is being inaugurated under which an orderly will help with bathing at home where suitable facilities are available, or alternatively the patient will be conveyed to the nearest Old People's Home. One of the most important facilities in connection with domiciliary care is the availability of beds in Old People's Homes for use for short-stay admissions to cater for holidays or sickness of relatives looking after an elderly person at home. This service has now been in operation for ten years and has enabled many old people to remain in the care of relatives. The Laurels finally closed in February when the remaining 25 patients were transferred to the newly-opened Cutteslowe Court. This is a fine achievement, as in 1952 there were still 160 residents in The Laurels and it is of some interest that no less than 130 of these survived to be housed in purpose-built accommodation. In spite of the relatively long period of institutionalisation of many of these residents, there was no problem of integration and all quickly accepted, and markedly improved, in their new surroundings. At the time of writing this Report, the latest new 60-bedded Home, Oseney Court, is about to open. There will then be a total of 366 beds, of which no less than 320 (87%) will be the equivalent of ground floor purpose-built accommodation, and as many as 290 (80%) will be beds in single or double rooms. Each Old People's Home is more and more developing as a centre for old people living in the district and it is deliberate policy that services should radiate outwards from these Homes as well as that the Homes themselves should provide facilities for emergencies, bathing, occasional meals and social functions. The average age of all those residing in the Old People's Homes remains very high at 85 years.

The temporary accommodation for homeless persons at 36, 38 and 40 Fourth Avenue, Slade Park, was filled to capacity throughout the year. There were 124 applications of which none were due to eviction orders enforced by the City Council's Housing Department. Of the 28 cases who accepted the offer of accommodation in the unit, only 12 stayed longer than one month and only four longer than six months. It is, however, these long stay cases, who usually have several children, which provide the real problem. In this connection, steps were taken towards the end of the year to effect closer co-operation between Health, Children's and

Housing Committees. The best solution for the problem of homelessness is to prevent it from occurring, which often means adequate help at an early stage. The three Committees acting together are well placed to try and arrange this.

The Handicapped Workshops now employ 18 workers, of whom five are blind and thirteen sighted. They are engaged in a wide variety of trades, all providing remunerative work. The retail shop for the sale of goods made by handicapped workers has again proved its worth.

The third smoke control area became operative in September and included most of the remaining college property. The survey has started for the next proposed area stretching from the Radcliffe Infirmary in the north to Folly Bridge in the south and westwards to the City boundary, although it may be necessary to take the area up to the railway line first. A number of complaints with regard to oily smuts and smoke nuisance from oil-fired installations is evidence that oil is not entirely a nuisance-free fuel and that inadequate maintenance and careless operation can cause trouble. There was a slight increase in the sulphur dioxide figures which may be due to the greater use of oil. There is a greater awareness of noise as a nuisance, particularly in connection with factories sited near housing.

With regard to housing, there has been further progress in relation to slum clearance and the original five year plan should be completed this year or shortly thereafter. Increasing attention is now being given to the improvement of existing property but little real progress can be reported due to a lack of enthusiasm on the part of both landlords and tenants. The problem of houses in multiple occupation, particularly involving coloured immigrants, has required continuing attention as there has been much overcrowding.

The work of modernisation of the Eastwyke Farm slaughterhouse premises should be completed by mid 1963. Tuberculosis found in animals at slaughterhouses is now almost non-existent. With regard to sampling, a warning has been given in connection with the analyst's report about considerable quantities of added water in hot milk samples arising from steam injection for heating purposes. A wide variety of foreign bodies were reported in various foodstuffs indicating carelessness at some stage of food preparation. Frozen food cabinets are excellent but they do require adequate maintenance, with proper rotation of goods, and must not be over-loaded. Some cream samples showed a good deal of bacterial contamination with resultant poor keeping quality. The completion of the scheme for the improvement of the fish stalls in the covered market is welcomed.

Problems in connection with Civil Defence continued to occupy the time of some members of the staff of the Health Department.

The scattered and unsuitable Health Department office premises have become even more overcrowded and as the projected new Health Department and Health Centre building in a reconstructed St. Ebbe's still seems to be some years ahead, some immediate relief is to be obtained by the

allocation of 14 Castle Street when the City Treasurer's Licensing Department moves out later this year.

This is an unusually lengthy introductory letter which, however, only reflects an extremely busy year commencing with the smallpox outbreaks and ending with the problems of fluoridation.

Your Medical Officer of Health has continued as one of the three County Borough advisers to the A.M.C. Health Committee and was nominated by them for appointment to the Council for the Training of Health Visitors but unfortunately had to resign owing to the days chosen for meetings coinciding with important events in Oxford including meetings of the Health Committee. He has also been appointed to the newly-constituted Joint Committee on Vaccination and Immunisation, set up by the Central Health Services Council and Scottish Health Services Council with the following terms of reference:—"To advise the Health Ministers on all the medical aspects of vaccination and immunisation".

Mr. S. Garrod took up his duties as Deputy Chief Public Health Inspector in February. Mr. A. Robertson, Senior Mental Welfare Officer, retired in June with the very best wishes of his colleagues, after 14 years' service within the Health Department and a total of 22 years' service with the City Council. He was actively and successfully concerned with marked progress in his chosen field of work during this period. Mr. D. Purrett, Mental Welfare Officer, was appointed to take his place. Dr. J. H. M. Tilley, Assistant Medical Officer of Health, was upgraded to Senior Assistant Medical Officer of Health in November. Dr. Elizabeth M. Love left with the best wishes of her colleagues early in 1963 to get married, and Dr. A. I. Blenkinsop was welcomed in her place.

The Department sustained a very great loss early in 1963 by the untimely death of Dr. Elizabeth J. Coulter. Dr. Coulter first trained as a nurse and had a brilliant nursing career at Glasgow Royal Infirmary, being gold medallist in 1935 and winning the award for being the best nurse of the year in 1936. After being a ward sister for some years, she decided to take up medicine and her career as a medical student was equally distinguished. After various hospital appointments, she came to Oxford as Assistant Medical Officer of Health and School Medical Officer in 1952. In 1957, Dr. Coulter was awarded a major scholarship at the London School of Hygiene and Tropical Medicine to attend a full-time course for the Diploma in Public Health. She obtained this diploma with honours and was awarded the Chadwick Gold Medal and Prize for the best student of the year, as well as receiving the Newsholme Prize. On her return to Oxford in 1958, Dr. Coulter was promoted to the newly-created post of Senior Assistant Medical Officer of Health for General Purposes, but the subsequent departure of Dr. Mary Fisher resulted in her transfer to the post of Senior Assistant Medical Officer for Maternity and Child Welfare, a post which she filled with great distinction. In spite of increasing ill-health, she remained at work until Christmas. During her years in the Health Department she was always a most outstanding

worker and the results of her conscientiousness, industry and perfectionist attitude were readily discernible in all that she undertook. Outstandingly unselfish by nature, she was a friend to whom all could turn (and many did) when in need of help or counsel. Her colleagues and many friends will feel their loss keenly. She bequeathed the Chadwick Gold Medal to the Department and arrangements are being made for its permanent display in the Medical Officer of Health's room. Dr. H. H. John, Assistant Medical Officer of Health, was promoted to fill the vacancy.

Although I am responsible for this Report, many members of my staff, some named and others not mentioned personally, have contributed to it, and it is a very real pleasure and privilege to acknowledge, once again, the willing and able support I have received from all my staff throughout the year.

Finally, I should like to thank most sincerely the Chairman and all Members of the Health Committee for their kindly consideration and encouragement at all times.

Yours faithfully,

J. F. WARIN,
Medical Officer of Health.

SECTION I

COMMITTEE MEMBERS

HEALTH COMMITTEE

Chairman: Councillor MEADOWS, A.I.S.T., M.R.S.H.

Vice-Chairman: Alderman Mrs. HARRISON-HALL, M.B., Ch.B., J.P.

Alderman Mrs. ANDREWS, M.B.E.
,, BROMLEY
,, Mrs. E. GIBBS
,, KINCHIN
,, Mrs. PRICHARD, O.B.E., M.A., J.P.
,, ROBERTS (Lord Mayor)
Councillor BURTON
,, CONSTABLE, B.Sc., M.A.
,, DICKINS
Councillor GLAZER, M.B., B.S., F.F.A., D.A.
,, SIMPSON, M.B.E.
,, Miss SPOKES, M.A.
,, WHITE
,, WILLIAMSON, M.A.
,, Mrs. WOOD
,, Mrs. YOUNG, M.A.

Mrs. M. HOUGHTON, Mrs. O. PHIPPS } representing the Oxford County and City Executive Council.
Mr. A. W. DENT, J.P. representing the United Oxford Hospitals.

MATERNITY, CHILD WELFARE AND HOME SERVICES SUB-COMMITTEE

Chairman: Councillor Mrs. YOUNG, M.A.

Vice-Chairman: Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.

Alderman Mrs. ANDREWS, M.B.E.
,, Mrs. HARRISON-HALL, M.B., Ch.B., J.P.
Councillor DICKINS
Councillor MEADOWS, A.I.S.T., M.R.S.H.
,, Miss SPOKES, M.A.
,, Mrs. WOOD

Mrs. H. C. BROWN, J.P.
Mrs. A. CAMPBELL
Mrs. E. COATE
Mrs. M. DEAN
} co-opted

MATERNITY FINANCE SECTION

Chairman: Councillor Mrs. YOUNG, M.A.

Vice-Chairman: Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.

Alderman Mrs. HARRISON-HALL, M.B., Ch.B., J.P.
Councillor DICKINS
,, MEADOWS, A.I.S.T., M.R.S.H.
Councillor Mrs. WOOD
Mrs. M. DEAN

MOTHER AND BABY HOSTEL HOUSE SECTION

Chairman: Mrs. M. DEAN

Vice-Chairman: Councillor Mrs. YOUNG, M.A.

Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.
Councillor DICKINS
,, MEADOWS, A.I.S.T., M.R.S.H.
Councillor Mrs. WOOD
Mrs. A. CAMPBELL
Mrs. E. COATE

MENTAL HEALTH SUB-COMMITTEE

Chairman: Councillor MEADOWS, A.I.S.T., M.R.S.H.

Vice-Chairman: Alderman Mrs. PRICHARD, O.B.E., M.A., J.P.

Alderman Mrs. HARRISON-HALL, M.B., Ch.B., J.P.
,, ROBERTS (Lord Mayor)
Councillor CONSTABLE, B.Sc., M.A.
,, SIMPSON, M.B.E.
Councillor Mrs. WOOD
,, Mrs. YOUNG, M.A.
Mrs. M. HOUGHTON
Mrs. O. PHIPPS

Mrs. H. C. BROWN, J.P., co-opted.

WELFARE SERVICES SUB-COMMITTEE

Chairman: Alderman Mrs. E. GIBBS

Vice-Chairman: Alderman Mrs. ANDREWS, M.B.E.

Alderman BROMLEY
,, Mrs. HARRISON-HALL, M.B., Ch.B., J.P.
,, KINCHIN
,, ROBERTS (Lord Mayor)
Councillor BURTON
,, CONSTABLE, B.Sc., M.A.
Councillor GLAZER, M.B., B.S., F.F.A. D.A.
,, MEADOWS, A.I.S.T., M.R.S.H.
,, Miss SPOKES, M.A.
,, WHITE
,, WILLIAMSON, M.A.
,, Mrs. WOOD

Mr. J. G. ROBINSON, M.B.E., co-opted

WELFARE SERVICES HOUSE SECTION

Chairman: Alderman Mrs. E. GIBBS

Vice-Chairman: Alderman Mrs. ANDREWS, M.B.E.

All members of the Welfare Services Sub-Committee

GENERAL PURPOSES SUB-COMMITTEE

The Chairman and Vice-Chairman of the Health Committee, and of the Maternity, Child Welfare and Home Services; Mental Health; and Welfare Services Sub-Committees, *ex-officio*; together with Alderman ROBERTS (Lord Mayor), and Councillor Miss SPOKES, M.A.

Representatives of Health Committee on Joint Ambulance Committee:

Alderman Mrs. HARRISON-HALL, M.B., Ch.B., J.P.
Councillor GLAZER, M.B., B.S., F.F.A., D.A.
,, MEADOWS, A.I.S.T., M.R.S.H.

Representatives of Health Committee on Oxford Voluntary Care Committee for Tuberculosis and Chest Diseases:

Councillor BURTON
,, CONSTABLE, B.Sc., M.A.
Councillor DICKINS
,, MEADOWS, A.I.S.T., M.R.S.H.

HOUSING COMMITTEE

Chairman: Councillor KEITH-LUCAS, M.A.

Vice-Chairman: Councillor INGRAM

Councillor BURTON
,, BUTLER
,, Mrs. CARR, B.A.
,, CHAPLIN
,, FAGG
Councillor FOWLER, M.A.
,, Mrs. HART, M.A.
,, SIMPSON, M.B.E.
,, Mrs. TRIBE
,, WILLIAMSON, M.A.

HEALTH DEPARTMENT STAFF

Medical Officer of Health:

J. F. Warin, M.D., D.P.H.

Deputy Medical Officer of Health:

G. F. Willson, M.D., D.P.H.

Senior Assistant Medical Officers of Health:

E. J. Coulter, M.B., Ch.B., D.P.H., D.C.H. (Maternity and Child Welfare). (Deceased 12.2.63).

J. H. Tilley, M.B., B.Ch., D.P.H. (Welfare), from 9.11.62.
E. M. Wallis, M.B., Ch.B., D.P.H., D.R.C.O.G. (General Purposes).

Assistant Medical Officers of Health:

H. H. John, M.B., B.Ch., D.P.H., D.C.H., D.R.C.O.G.
E. M. Love, M.B., Ch.B., D.P.H., D.R.C.O.G.
J. H. M. Tilley, M.B., B.Ch., D.P.H. (transferred to Senior Assistant Medical Officer of Health 9.11.62).
C. M. Phillips, B.M., B.Ch. (Part-time).
M. Stewart, M.R.C.S., L.R.C.P. (Part-time).

Consultant Tuberculosis Officer (Part-time):

F. Ridehalgh, M.D., F.R.C.P.

Principal Dental Officer:

C. H. I. Millar, B.Sc., L.D.S.

Assistant Dental Officer:

Vacant.

Chief Public Health Inspector:

W. Combey, D.P.A., F.A.P.H.I., A.M.I.P.H.E. (*a*) (*b*) (*c*) (*d*).

Deputy Chief Public Health Inspector:

S. J. Garrod (*a*) (*b*) (*c*) (*d*). (Commenced 1.2.62).

District Public Health Inspectors:

J. Burr (*f*).
K. England (*a*) (*b*).
A. W. Flockhart (*a*) (*b*) (Scotland). (Commenced 8.1.62).
K. O. Keighley (*a*) (*b*).
I. F. King (*a*). (Commenced 3.9.62).
J. P. Mullard (*a*) (*b*).
A. F. Pavey (*a*) (*b*). (Ceased 15.7.62).
J. G. Scott (*a*) (*b*) (*e*).
D. Watson (*a*) (*b*) (*d*).

Pupil Public Health Inspectors: 2

(*a*) Sanitary Inspector's Certificate, Sanitary Inspector's Joint Board.
(*b*) Meat and Food Inspector's Certificate, Royal Society of Health.
(*c*) Sanitary Science Certificate, Royal Society of Health.
(*d*) Smoke Inspector's Certificate, Royal Society of Health.
(*e*) Testamur of Institute Public Cleansing.
(*f*) Public Health Inspector's Certificate, Public Health Inspectors' Joint Board.

Van Driver: 1. *Outside Public Health Assistants*: 3.

Superintendent Health Visitor:

Miss M. G. Atkinson (*a*) (*c*) (*d*) (*e*).

Senior Health Visitor:

Miss G. Davies (*a*) (*c*) (*d*).

Health Visitors:

Miss J. Barnett (*a*) (*c*) (*d*).
Miss E. J. Blackler (*a*) (*c*) (*d*).
Miss D. Bree (*a*) (*c*) (*d*).
Miss M. Brown (*a*) (*c*) (*d*) (*e*).
Miss N. Crookall (*a*) (*d*).
Mrs. I. Eagle (*a*) (*c*) (*d*).
Miss B. A. Goodey (*a*) (*c*) (*d*). (Commenced 4.9.62).
Miss K. J. Hayes (*a*) (*c*) (*d*).
Mrs. B. M. Hopkins, nee Guy (*a*) (*c*) (*d*).
Miss G. M. Lawrence (*a*) (*c*) (*d*).
Miss D. Pyle (*c*) (*d*).
Miss H. Rankin (*a*) (*c*) (*d*).
Miss H. L. Robinson (*a*) (*c*) (*d*). (Commenced 4.9.62).
Miss M. Salmon (*a*) (*d*).
Miss D. R. Tattersall (*a*) (*c*) (*d*).
Miss M. Willis (*a*) (*c*) (*d*).
Miss M. Witten-Hannah (*a*) (*d*). (Commenced 4.9.62).

Student Health Visitors:

5 1st year, 6 2nd year.

Non-Medical Supervisor of Midwives:

Miss P. Millar (*a*) (*c*).

Midwives:

Miss M. C. R. Fisher (*a*) (*c*).
Miss M. G. Foulds (*a*) (*c*). (Ceased 30.9.62).
Miss D. Inness (*a*) (*c*).
Miss M. R. Powell (*a*) (*c*).
Miss D. E. Reeve (*a*) (*c*). (Commenced 1.10.62).
Miss G. M. Stacy Marks (*a*) (*c*). (Ceased 30.6.62).
Miss G. M. Stewart (*a*) (*c*). (Ceased 31.8.62).
Miss E. M. Thomas (*a*) (*c*). (Commenced 15.10.62).
Miss M. J. Thompson (*a*) (*c*). (Commenced 1.10.62).
Miss M. E. Viner (*a*) (*c*).

Superintendent, District Nurses:

Miss H. Longhurst (*a*) (*c*) (*d*) (*e*).

Assistant Superintendent, District Nurses:

Miss D. M. King (*a*) (*c*) (*e*). (Transferred from Senior District Nurse 27.1.62).

Senior District Nurses:

Miss D. M. King (*a*) (*c*) (*e*). (Transferred to Assistant Superintendent, District Nurses 27.1.62).
Miss W. Dunlop (*a*) (*c*) (*e*). (Commenced 14.5.62).
Miss H. M. Massey (*a*) (*e*). (Part-time). (Transferred to District Nurse (Part-time)).
Miss G. Pugh (*a*) (*e*).

District Nurses:

Mrs. M. Angell (*a*) (*e*).
Miss D. M. Bishop (*a*) (*c*) (*e*). (Commenced 20.4.62).
Mrs. A. M. Branch (*a*) (*c*). (Part-time).

Miss A. M. Carpenter (*a*) (*e*).
Miss M. R. Carpenter (*a*) (*c*) (*e*). (Commenced 6.9.62).
Miss N. G. Drewe (*a*) (*c*) (*e*). (Part-time from 1.2.62).
Miss E. M. Gall (*a*) (*c*) (*e*). (Ceased 28.7.62).
Mrs. L. F. Higginson (*a*) (*c*) (*e*). (Part-time).
Miss H. M. Massey (*a*) (*e*). (Part-time).
Mrs. E. Mobey (*a*) (*c*) (*e*).
Miss B. Moss (*a*) (*e*).
Miss H. M. Picton (*a*) (*c*) (*e*). (Commenced 4.1.62).
Mrs. R. Quigley (*a*).
Mrs. H. Robertson (*a*) (*c*) (*e*).
Mrs. P. J. Seccull (*a*) (*e*).
Miss W. Wilson (*a*) (*c*) (*e*).
Mrs. R. I. Woods, nee Jackson (*a*) (*c*) (*e*). (Ceased 25.8.62).
Mrs. C. Barker, Nursing Orderly.

Student District Nurses. Nil.

Mother and Baby Hostel:

Mrs. B. Humphries (*a*) (*c*). Matron.
Miss F. Bolton (*f*). Deputy Matron.
Miss F. A. Goddard, C.C.R. Nurse. (Part-time).

Nurseries:

Botley Road Day Nursery
Miss G. M. Nixey (*f*). Matron.
Miss G. M. Thomas (*f*). Deputy Matron.
2 Nursery Nurses.

Florence Park Day Nursery
Mrs. E. Pearce (*a*) (*c*). Matron.
Miss G. M. Harris (*f*). Deputy Matron.
2 Nursery Nurses.

Home Help Service:

Miss P. E. Urban-Smith, Organiser.
Miss K. Thicke, Assistant Organiser.

Occupational Therapists:

Miss J. A. Gould, Dip.O.T. (Rand, S.A.), Head Occupational Therapist.
Miss P. Burns, M.A.O.T. Assistant Occupational Therapist. (Commenced 1.1.62).
Miss A. E. Darrell, M.A.O.T. Assistant Occupational Therapist. (Ceased 22.4.62).
Miss J. S. Williamson, M.A.O.T. Assistant Occupational Therapist. (Part-time). Commenced (24.9.62).

Almoners:

Mrs. D. Hicks (Tuberculosis). (Part-time).
Miss A. Jackson (Venereal Diseases). (Part-time). (Ceased 30.9.62).
Miss A. Deacon (Venereal Diseases). (Part-time). (Commenced 1.10.62).

Mental Welfare:

A Robertson, Senior Mental Welfare Officer. (Retired 15.6.62).
D. A. Purrett, Senior Mental Welfare Officer. (Transferred from Mental Welfare Officer 16.6.62).
L. A. Clinkard, Mental Welfare Officer.
Miss E. Gilbertson (*a*) (*c*) (*d*), Mental Welfare Officer.
D. A. Purrett, Mental Welfare Officer. (Transferred to Senior Mental Welfare Officer 16.6.62).
F. F. Vipond, Mental Welfare Officer. (Commenced 24.9.62).

Training Centre

Miss O. WARBURTON. Supervisor.
6 Assistant Supervisors:—
Mrs. E. Allen (Temporary)
Mrs. M. CORRIGAN
Mrs. M. FAWCETT
J. A. HOPE
Miss R. F. STAVELEY
Mrs. J. WEBBERLEY

Welfare Services:

J. C. DAVENPORT, Chief Welfare Services Officer.
J. HADFIELD, Deputy Chief Welfare Services Officer.
J. CLARKE, Senior Assistant Welfare Services Officer.
Miss A. C. HERBERT (*a*), Assistant Welfare Services Officer.
Mrs. E. GODFREY, Welfare Assistant. (Commenced 16.4.62).
Miss J. BARON, Home Teacher to the Blind.
Mrs. E. E. DEAN, Home Teacher to the Blind.
N. BOWLEY, Superintendent of Handicapped Workshop.
M. TRAFFORD, Foreman of Handicapped Workshop.
Mrs. L. ROADS, Assistant, Handicapped Retail Shop.
Miss B. SINGLETON, M.Ch.S., Chiropodist. (Part-time).

Old People's Homes:

Barton End

Mrs. N. K. DIXIE (*a*), Matron.
Miss E. D. AXELSSON, Assistant Matron. (Commenced 21.2.62). (Ceased 22.6.62).

Cutteslowe Court

Miss Y. M. HARRIS (*a*), Matron.
Mrs. E. S. KING, Assistant Matron. (Transferred from The Laurels). (Ceased 17.8.62).
Miss E. E. CHAMPION, Assistant Matron. (Commenced 1.9.62).

Frilford House

J. CHERRY, M.B., B.S., Medical Officer. (Part-time).
Mrs. A. E. BUTLER (*a*), Matron.

The Laurels. (Closed 28.2.62).

R. G. ANDERSON, M.B., Ch.B., Medical Officer. (Part-time). (Ceased 28.2.62).
Mrs. E. S. KING, Assistant Matron. (Transferred to Cutteslowe Court).

Marston Court

Mrs. M. E. SWAIN (*a*), Matron.
Mrs. H. FLEWITT (*a*), Assistant Matron.

Shotover View

Miss M. A. BULBECK (*b*), Matron.
Mrs. A. E. COULTER-SMITH (*b*), Assistant Matron.

Townsend House

Mrs. L. TEMPLETON (*a*), Matron.
Miss M. GILLESPIE (*b*), Assistant Matron.

Administrative:

H. G. ANNELY, Chief Administrative Assistant.
T. D. THOMSON, Senior Administrative Assistant.
R. J. CRANE, Senior Clerical Assistant, Welfare Section. (On Social Workers' Course).
B. EALEY, Senior Clerical Assistant, Welfare Section.
M. L. FRENCH, Senior Clerical Assistant, Public Health Inspector's Section. (Commenced 12.3.62).
Miss M. V. CRABB, Medical Officer of Health's Secretary.
Miss J. A. CHARLES, Chief Public Health Inspector's Secretary.

W. J. Gibbs, Clerical Assistant, General Purposes.
Miss S. M. Marshall, Clerical Assistant, District Nurses.
Miss H. M. Mitchell, Clerical Assistant, Maternity, Child Welfare and Infectious Diseases.
J. E. Stimson, Clerical Assistant, Welfare.
Miss I. Stone, Clerical Assistant, Vaccination and Immunisation.
Mrs. P. M. Whiting, Clerical Assistant, Mental Welfare.
Miss M. E. Wood, Clerk/Receptionist, Blackbird Leys Health Centre.
Mrs. E. Thomson, Clerk/Receptionist, Blackbird Leys Health Centre. (Part-time). (Commenced 1.2.62).
2 Shorthand Typists:—
Miss V. Allen (Public Health Inspector's Section).
Miss D. I. Skinner (Welfare Section).
17 Clerks, General Division.

Civil Defence:

D. E. Bradberry, Instructor and Organiser, Welfare Section.

(*a*) State Registered Nurse.
(*b*) State Enrolled Assistant Nurse.
(*c*) State Certified Midwife.
(*d*) Health Visitor's Certificate, Royal Society of Health.
(*e*) Queen's Nurse.
(*f*) Certified Nursery Nurse.

OFFICES and ESTABLISHMENTS of the HEALTH DEPARTMENT

		Telephone No.
Main Office (Health and Welfare)	Greyfriars, Paradise Street	Oxford 47212
Mental Welfare	24 Church Street, St. Ebbe's	,, ,,
Immunisation and Vaccination		
Welfare Foods		
Health Visitors	3 Castle Terrace, St. Ebbe's	,, ,,
District Nurses, Main Home	39/41 Banbury Road	,, 57721
Branch Homes	23 Hollow Way, Cowley	,, 77382
	79 St. Leonard's Road	,, 62321
Midwives Hostel	82/84 Abingdon Road	,, 47985
Home Help Organiser	29/31 George Street	,, 47977
Public Health Inspector's Office	36 Pembroke Street, St. Aldate's	,, 49671
Health Centre	Blackbird Leys Estate, Cowley	,, 78244
Botley Road Day Nursery	Botley Road	,, 43492
Florence Park Day Nursery	Florence Park	,, 77286
Mother and Baby Hostel	Clark's Row, St. Aldate's	,, 43072
Handicapped Workshop	12 Woodstock Road	,, 57602
Retail Shop		
Domiciliary Occupational Therapy		
Barton End Old People's Home	Barton Road, Headington	,, 62829
Cutteslowe Court Old People's Home	Wyatt Road, Summertown	,, 54446
Frilford House Old People's Home	Frilford, Nr. Abingdon, Berkshire	Frilford Heath 238
Marston Court Old People's Home	Marston Road	Oxford 41526
Shotover View Old People's Home	Horspath Road, Cowley	,, 78468
Townsend House Old People's Home	Bayswater Road, Headington	,, 62232
Homeless Family Unit	Slade Park, Headington	,, 78711
Training Centre	St. Nicholas Road, Littlemore	,, 77878
Ambulance Headquarters	Churchill Drive, Old Road, Headington	,, 61336

CLINICS

1. *Antenatal*

Bury Knowle House, Old High Street, Headington	Friday	9.30 a.m.—10.30 a.m.
East Oxford Centre, 151a Cowley Road	Tuesday	9.30 a.m.—10.30 a.m.
60 St. Aldate's	Thursday	9.30 a.m.—10.30 a.m.

2 *Child Welfare*

Blackbird Leys Health Centre, Cowley	*Tuesday	2.30—3.30 p.m.
	Wednesday	2—4 p.m.
	*Thursday	2—4 p.m.
Bury Knowle House, Old High Street, Headington	*Tuesday	2—4 p.m.
	Thursday	2—4 p.m.

Church Hall, Main Road, New Marston	Wednesday	2—4 p.m.
Church Room, Canning Crescent	Tuesday	2—4 p.m.
Clinic Premises, 14 Church Street, St. Ebbe's	Monday	2—4 p.m.
	Friday	2—4 p.m.
Clinic Premises, South Parade, Summertown	Tuesday	2—4 p.m.
	*Wednesday	2—4 p.m.
	Thursday	10.0 a.m.—12 noon
Clinic Premises, Temple Road, Cowley	Monday	2—4 p.m.
	*Wednesday	9—10 a.m.
	Friday	2—4 p.m.
Community Centre, Underhill Circus, Barton Estate, Headington	Wednesday	2—4 p.m.
Community Centre, The Oval, Rose Hill	Thursday	2—4 p.m.
Donnington School Clinic, Henley Avenue	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
	*Friday	2—4 p.m.
East Oxford Centre, 151a Cowley Road	Monday	2—4 p.m.
	Friday	2—4 p.m.
G.F.S. Haigh Hut, 48 Woodstock Road	Monday	2—4 p.m.
	Friday	2—4 p.m.
Northway Clinic, Maltfield Road	Thursday	2—4 p.m.
Slade Park Clinic, 2nd Avenue, Slade Park	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
Village Hall, Wolvercote	Thursday	2—4 p.m

*General Practice Clinic

3. *Immunisation and Vaccination*

60 St. Aldate's (also at all Child Welfare Clinics)	Wednesday	5—5.30 p.m.
Yellow Fever, 24 Church Street, St. Ebbe's	Tuesday	2.0 p.m. (by appointment)

4. *Dental*

60 St. Aldate's	By appointment
Donnington Clinic, Henley Avenue	" "

Ministry of Health Circular 2/62

Development of Local Authority Health and Welfare Services (The Ten Year Plan)

1. The ten year plan for the health and welfare services of Oxford has been prepared in consultation with the City Treasurer, City Architect, and the City Estates Surveyor, and is presented as requested, in the form outlined in the Appendix to Ministry of Health Circular 2/62.

2. The capital programme for the first five years is more specific and realistic than for the second period of five years, but, as is emphasized in the Circular, all the proposals must necessarily be regarded as provisonal and subject to annual review.

3. The Ministry of Health have requested (Circular letter dated 26th March, 1962) that all local authority health and welfare services building programmes for the years 1963/64 and 1964/65 should reach them in advance of the complete ten year plan and not later than the end of July this year.

4. The staff proposals contained in Part III are bound to be a good deal more indefinite than the capital programme, having regard to the fact that the Department is at present below establishment in several Sections and recruitment is increasingly difficult and sometimes impossible.

5. The Ministry of Health Circular refers to the very valuable contribution which voluntary organisations can make to the health and welfare services. This, of course, has long been recognised in this City, as shown by the very many voluntary bodies now working with the Health Department. It will be the intention to continue and expand such co-operation as the services develop.

6. The Circular stresses the need for consultation with Regional Hospital Board, Board of Governors, Hospital Management Committees, Executive Council, Local Medical Committee, Housing Committee and Voluntary Organisations. It is, therefore, suggested that the proposals now presented (if acceptable) should be circulated to these interested organisations asking for their observations. These should be received in time for consideration at the September meeting of the Health Committee. The plan should then be finalised in order that it can go to Finance and Establishment Committees early in October and to Council later that month so as to reach the Ministry of Health, as requested, by the end of October.

Health Department,
Greyfriars,
Paradise Street,
OXFORD.

J. F. WARIN,
Medical Officer of Health.

Local Health Services—Ten Year Forecast—Oxford County Borough Council

	Part I—Net Revenue Expenditure					
	1962-63	1963-64	1964-65	1965-66	1966-67	1971-72
	£	£	£	£	£	£
Health Centres	2,900	2,900	3,000	5,930	7,930	9,430
Care of Mothers and Young Children ..	22,460	24,460	22,460	22,460	22,460	25,460
Midwifery	13,170	13,170	13,200	13,650	14,570	15,320
Health Visiting	12,750	13,530	14,310	15,090	15,870	17,430
Home Nursing	23,280	23,280	23,990	24,440	26,040	27,380
Vaccination and Immunisation	1,220	1,220	1,220	1,220	1,220	1,220
Ambulance Service	46,680	49,680	49,680	52,680	52,680	58,680
Prevention of Illness, Care and After Care ..	8,500	8,500	8,500	8,500	8,500	8,500
Domestic Help	18,350	18,850	19,350	19,850	20,350	21,350
Mental Health	15,420	25,670	41,320	45,580	45,580	45,580
Other Expenditure and Administration ..	30,890	30,890	31,200	33,150	34,890	34,890
Total	195,620	210,150	228,230	242,550	250,090	265,240
Residential Accommodation (including temporary)	94,610 (1,090)	100,140 (1,090)	119,240 (1,090)	132,450 (1,090)	134,630 (1,090)	184,330 (1,090)
Welfare Services for the Handicapped ..	10,060	10,890	11,490	11,490	12,090	12,700
Other Welfare Services and Administration ..	23,650	24,850	25,080	28,220	29,440	31,000
GRAND TOTAL	325,030	347,120	385,130	415,800	427,340	494,360

PART II

Name of Authority: Oxford City Council

CAPITAL PROGRAMME

List of Premises at 31.3.62

Purpose	*Location, size and suitability*
Health Department (Administration, Welfare Section, and School Health Section).	Greyfriars, Paradise Street. Accommodation for 34 staff. Unsuitable.
Health Visitors' Section of Health Department	3 Castle Terrace. Accommodation for approximately 15 staff (the rest have their headquarters elsewhere). Unsuitable.
Mental Welfare Section: Immunisation and Vaccination Section, and Welfare Foods Section of the Health Department.	24 Church Street. Accommodation for 10 staff. Unsuitable.
Home Help Section of the Health Department	29/31 George Street. Accommodation for 4 staff. Unsuitable.
Public Health Inspectors' Section of the Health Department.	36 Pembroke Street. Accommodation for 17 staff (plus outside assistants). Unsuitable.
District Nurses—Main Home.	39/41 Banbury Road. Residential accommodation for about 8 district nurses (including flat for Superintendent) and office accommodation for clerical assistant. Unsuitable.
District Nurses—Branch Home.	23 Hollow Way, Cowley. Residential accommodation for 2 district nurses (two flats).
District Nurses—Branch Home.	79 St. Leonard's Road, Headington. Residential accommodation for 2 district nurses.
Midwives' Hostel.	82/84 Abingdon Road. Accommodation for 9 pupil midwives. Unsuitable.
Health Centre.	Blackbird Leys Estate. Built to serve a population of 5,000.
Child Welfare Clinic.	Northway Estate.
Child Welfare Clinic.	Temple Road, Cowley.
Child Welfare Clinic.	South Parade, Summertown.
Child Welfare Clinic.	2nd Avenue, Slade Park.
Mother and Baby Hostel	Clark's Row, St. Aldate's. 14 beds; 12 cots.
Day Nursery.	Botley Road. Accommodation for 30 children.
Day Nursery.	Florence Park. Accommodation for 30 children.

Purpose	*Location, size and suitability*
Ambulance Depot.	Churchill Drive, Old Road, Headington. Accommodation for a total staff of 48 (all grades) and 21 vehicles, plus County vehicles, etc.
Training Centre.	St. Nicholas Road, Littlemore. Admits a total of 64 (about 34 under 15 and 30 over that age). Of the total, 46 come from the City and 18 from the two neighbouring Counties of Oxfordshire and Berkshire.
Sheltered Workshop/Handicapped Retail Shop/Occupational Therapy Department.	12 Woodstock Road. 18 handicapped workers in Sheltered Workshop. Accommodation for 3 Occupational Therapists, 1 Superintendent, 1 Foreman and 1 Shop Assistant.
Old People's Home.	Barton End, Headington. 40 beds.
Old People's Home.	Frilford House, Frilford, Nr. Abingdon. 28 beds. Unsuitable.
Old People's Home.	Townsend House, Bayswater Road, Headington. 60 beds.
Old People's Home.	Shotover View, Horspath Road, Cowley. 60 beds.
Old People's Home.	Marston Court, Marston Road. 60 beds.
Old People's Home	Cutteslowe Court, Wyatt Road. 60 beds.
Old People's Home.	Oseney Court, Botley Road. 60 beds.

Financial Year 1962-63

Name of Authority: OXFORD CITY COUNCIL

Schemes (in order of priority)	*Location and size*	*Need*	*Provisional Cost*	*Effect on Revenue Expenditure*
Hostel for mentally subnormal children	New building adjoining existing Training Centre on Minchery Farm Estate. 20 places.	NEW PROVISION	Total cost of scheme £30,000	(+) £6,200
Hostel for mentally subnormal males over 16 years of age.	Conversion of existing property of suitable size in any reasonably accessible area of the City. 10—20 places.	NEW PROVISION	Total cost of scheme £12,000	(+) £5,500
Residential home for old people	Denton House—new purpose-built Old People's Home at Iffley Turn. 60 beds.	NEW PROVISION To serve Rose Hill, Iffley and Donnington areas of the City.	Total cost of scheme £91,000	(+) £15,400

Financial Year 1963-64

Name of Authority: OXFORD CITY COUNCIL

Schemes (in order of priority)	*Location and size*	*Need*	*Provisional Cost*	*Effect on Revenue Expenditure*
Senior Training Centre	New building adjoining existing Training Centre and proposed Hostel for mentally subnormal children on the Minchery Farm Estate. 40 places.	NEW PROVISION The existing Training Centre (all ages) is overcrowded and will become a Junior Training Centre when the new Senior Training Centre is built.	Total cost of scheme £23,000	(+) £8,500
Hostel for mentally ill patients.	New building on Warneford Hospital site (will adjoin Ambulance Station with approach from Churchill Hospital Drive). 30 beds, both sexes.	NEW PROVISION	Total cost of scheme £52,000	(+) £10,000

Financial Year 1964-5

Name of Authority: OXFORD CITY COUNCIL

Schemes (in order of priority)	*Location and size*	*Need*	*Provisional Cost*	*Effect on Revenue Expenditure*
Nurses hostel and headquarters plus Health Centre. Would result in closure of:— (*a*) District Nurses' Main Home— 39/41 Banbury Road (*b*) Midwives' Hostel— 82/4 Abingdon Road (*c*) Clinic premises— 151a Cowley Road under control of Education Committee	New building on site fronting Cowley Road Hospital, Cowley Road	REPLACEMENT The nurses' hostel and headquarters for the domiciliary midwifery and district nursing services are to replace two existing old and unsatisfactory buildings which are badly sited geographically. The Health Centre is to replace existing unsatisfactory clinic premises serving the area and also to provide general practice surgery facilities at the request of two large neighbouring partnerships.	Total cost of scheme £60,000	(+) £4,000
Residential home for old people.	Blackbird Leys. 60 beds.	NEW PROVISION New building to serve the rapidly developing Blackbird Leys Estate and the adjacent parts of Cowley.	Total cost of scheme £92,000	(+) £16,000

Financial Year 1964-5 cont.

Name of Authority: OXFORD CITY COUNCIL

Schemes (in order of priority)	*Location and size*	*Need*	*Provisional Cost*	*Effect on Revenue Expenditure*
Central Health Centre plus Health Department and Executive Council offices. Would result in closure of:— (*a*) Health Department office accommodation at— Greyfriars, Paradise St. 3 Castle Terrace 24 Church Street 36 Pembroke Street 29/31 George Street; (*b*) Executive Council office accommodation at 73 George Street; (*c*) Clinic premises at 60 St. Aldate's under control of Education Committee.	New building in the redeveloped St. Ebbe's area.	REPLACEMENT The Health Centre will replace two existing clinic premises both of which will disappear in the reconstruction scheme; and will also provide accommodation for seven general practice partnerships with existing surgeries in the City Centre who have requested Health Centre facilities. There is urgent need for new office accommodation for the Health Department which is housed in very old buildings which it long ago outgrew, with the result that several units of the Department are inconveniently housed separately. The Executive Council require new office accommodation and it is considered there would be every advantage in the Health Department and Executive Council offices being in the same building.	Total cost of scheme £81,000	(+) £5,000

D

Financial Year 1965-66

Name of Authority: OXFORD CITY COUNCIL

Schemes (in order of priority)	*Location and size*	*Need*	*Provisional Cost*	*Effect on Revenue Expenditure*
Residential home for old people plus child welfare clinic premises.	South Oxford. 60 beds.	NEW PROVISION AND REPLACEMENT New building to serve the South Oxford area of the City. The existing child welfare clinic serving the South Oxford area is housed in a very unsatisfactory church hall but there is hardly justification for a new building for this purpose alone. It is considered that it might with advantage be convenient to attach new clinic premises to the Old People's Home.	Total cost of scheme £96,000	(+) £16,000

Financial year 1966-67

Name of Authority: OXFORD CITY COUNCIL

Schemes (in order of priority)	*Location and size*	*Need*	*Provisional Cost*	*Effect on Revenue Expenditure*
Residential home for old people plus child welfare clinic premises.	St. Barnabas. 60 beds.	NEW PROVISION AND REPLACEMENT New building to serve the St. Barnabas area. In this area also, there is great need for a more suitable building for child welfare clinic purposes and again it might be an advantage to combine this with a new Old People's Home.	Total cost of scheme £96,000	(+) £16,000

Name of Authority: OXFORD CITY COUNCIL

Financial Years 1967-72

1. Old People's Homes

With the full implementation of the preceding programme, Oxford would have nine new sixty-bedded Homes plus two converted Homes of 40 and 28 beds, giving a total of 608 beds or nearly 6 beds per 1,000 of the population. (The only remaining ex-Public Assistance institution, namely The Laurels, was replaced as an Old People's Home in 1962). As soon as conveniently possible, Frilford (28 beds) which is very inconveniently sited 12 miles from the City will be given up. If there is still a need for more Old People's Homes, the next one should be built in the East Oxford area.

2. Alternative child welfare clinic premises are needed to replace the unsuitable hired halls at present in use for this purpose at Wolvercote and Marston.

3. New buildings will be needed to replace the outworn wartime day nursery buildings at Florence Park and Botley Road.

4. It may be necessary to enlarge the Blackbird Leys Health Centre. This was built to serve an estate planned for 5,000 population but it is now understood that the ultimate population will be 8,000 or more.

5. It is possible that further requests for Health Centre facilities will be received from general practitioners.

Name of Authority: OXFORD CITY COUNCIL

PART III

STAFF (Numbers in post 31.12.61)

Category of Staff	1961–2	1962–3	1963–4	1964–5	1965–6	1966–7	1971–2
Doctors (including M.O.H.)	4	4	4	4	4	4	4
Dentists	2	2	2	2	2	2	2
Domiciliary midwives	8	10	10	10	10	10	11
Health visitors	11	12	13	14	15	16	18
Home nurses	16	22	22	23	23	24	26
Staff (other than domestic) in Day Nurseries	8	8	8	8	8	8	8
Other Nursing Staff in the Health Services	3	3	3	3	3	3	3
Ambulance Staff (Total of all grades). (Give No. of vehicles in brackets)	47 (21)	47 (21)	49 (22)	49 (22)	51 (23)	51 (23)	55 (25)
Staff (other than domestic in Training Centres for Mentally Subnormal	6	6	6	10	10	10	10
Home Helps (including supervisory staff)	52	57	60	63	66	69	75
Staff (other than domestic in residential accommodation under S.21/48 or 28/46	33	33	39	39	45	51	63
Staff (other than domestic) in non-residential centres for the handicapped under S.29/48	$6\frac{1}{2}$	$6\frac{1}{2}$	7	8	8	9	10
Domiciliary Social or Welfare Workers—							
(*a*) University or equivalent professional training (i.e. almoners, psychiatric social workers and family case workers)	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$	$\frac{1}{2}$
(*b*) General training in social work (i.e. with certificate of Social Workers Training Council when available)	—	—	1	1	2	2	3
(*c*) Other social workers	10	11	10	10	9	9	8
(*d*) Welfare assistants	—	1	2	3	3	3	4

SECTION II

STATISTICS

Report prepared by H. G. Annely
Chief Administrative Assistant

SUMMARY

Area of City	8,785 acres
Population (estimated mid-year 1962)	106,560
Number of inhabited houses at 31.3.62	29,220
Rateable value of City at 31.3.62	£2,268,984
Product of a penny rate for 1961/62	£8,878

Total cost of all health services 1961/62:—

	Gross	*Net*
	£	£
General Health Services	29,691	28,844
National Health Service Act, 1946	232,708	188,309
National Assistance Act, 1948	179,381	120,918
	£441,780	£338,071

	City of Oxford		*England*
		Average	*and Wales*
	1962	1952-61	1962
Live births:—			
Number	1,695		840,583
Rate per 1000 population (Recorded)	15.91	14.28	
Rate per 1000 population (as adjusted by comparability factor 0.97)	15.43		18.0
Illegitimate live births per cent of total live births	9.32	8.00	
Stillbirths:—			
Number	21		15,487
Rate per 1000 total live and stillbirths	12.24	16.45	18.1
Total live and stillbirths	1,716		856,070
Infant deaths (deaths under 1 year)	28		17,360

	City of Oxford		*England*
		Average	*and Wales*
Infant mortality rates:—	1962	1952-61	1962
Total infant deaths per 1000 live births	16.52	20.06	21.4
Legitimate infant deaths per 1000 legitimate live births	15.61	19.74	
Illegitimate infant deaths per 1000 illegitimate live births	25.32	21.42	
Neonatal mortality rate (deaths under 4 weeks per 1000 total live births)..	13.57	13.21	15.1
Early neonatal mortality rate (deaths under 1 week per 1000 total live births)	12.39	11.35	
Perinatal mortality rate (stillbirths and deaths under 1 week per 1000 total live and stillbirths)	24.48	27.61	
Maternal mortality (including abortion)—			
Number of deaths	—		300
Rate per 1000 total live and stillbirths	—	0.19	0.35
Death rate per 1000 population (Recorded)	10.93	9.92	
Death rate per 1000 population (as adjusted by comparability factor 0.95)	10.38		11.9
Death rate per 1000 population from:—			
(*a*) Diseases of the heart and circulatory system	3.50	3.64	
(*b*) Cancer (all forms)	2.10	1.83	2.17
(*c*) Pneumonia, bronchitis and other diseases of the respiratory system	1.57	1.16	
(*d*) Tuberculosis (all forms)	0.04	0.09	0.06
(*e*) Violence (including suicides) ..	0.61	0.46	

BIRTHS

Total registered live births:—

Male	2,049
Female	1,917
	3,966
(Illegitimate ..	272)

Of the 3,966 births registered 1,667 were Oxford residents and 28 births to Oxford residents occurred outside the City, making a total of 1695 births allocated to the City. Of these 1,537 were legitimate (768 male, 769 female) and 158 were illegitimate (74 male, 84 female).

CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

(a) According to notifications

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Notified by domiciliary midwives	628	—	6	—
Notified by general practitioners	—	—	—	—
Notified by Nuffield Maternity Home ..	545	11	1578	55
Notified by Churchill Hospital	491	7	756	7
Notified by Radcliffe Infirmary	—	—	1	—
	1664	18	2341	62

(b) According to Place of Birth (registered births)

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Born in Nuffield Maternity Home	554	12	1566	55
Born in Churchill Hospital	486	7	729	7
Born in private houses	627	—	4	—
	1667	19	2299	62

BIRTHS AND DEATHS IN THE CITY, 1918—1962

Year	Population estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging t the District			
		Uncorrected No.	Nett				of Non-residents registered in the District	of Residents not registered in the District	Under 1 year		At all ag	
			No.	Rate	No.	Rate			No.	Rate per 1000 Nett Births	No.	R
1	2	3	4	5	6	7	8	9	10	11	12	13
1918	*55,472 / 49,508		700	12.62	987	19.94	204	94	44	62.8	877	17
1919	*60,071 / 57,666		796	13.25	714	12.38	117	89	47	59.0	686	11
1920	59,963		1083	18.06	635	10.59	93	69	60	55.4	611	10
1921	56,400	957	929	16 47	681	12.07	124	42	34	36.6	598	10
1922	56,510	982	902	15 96	812	14.37	153	62	54	59.8	721	12
1923	56,920	997	876	15.39	699	12.28	157	49	39	44.5	594	10
1924	57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	11
1925	57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	11
1926	56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	12
1927	57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	13
1928	60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10
1929	*70,730 / 70,590	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	13
1930	*74,000 / 73,810	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10
1931	*80,810 / 80,530	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10
1932	81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10
1933	83,410	1460	1140	13.67	1086	13.02	220	59	37	32.46	925	11
1934	85,800	1578	1200	13.98	1104	12.87	280	42	54	45.00	866	10
1935	88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10
1936	90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10
1937	92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10
1938	94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9
1939	96,200	1966	1340	14.02	1248	13.97	397	55	31	22.68	906	9
1940	96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	12
1941	106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10
1942	104,600	3124	1612	15.41	1480	14.51	519	59	54	33.5	1020	9
1943	103,900	3166	1676	16.13	1510	14.53	482	66	55	32.82	1094	10
1944	100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9
1945	98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	10
1946	100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10
1947	103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	10
1948	105,150	2833	1628	15.48	1328	12.63	461	40	38	23.34	907	8
1949	107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	10
1950	108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	9
1951	106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	10
1952	107,100	2927	1557	14.55	1536	14.35	635	56	37	23.76	957	8
1953	107,000	2861	1569	14.66	1573	14.70	499	35	32	20.40	1109	10
1954	106,900	2748	1458	13.64	1584	14.82	637	33	34	23.32	980	9
1955	105,500	2832	1412	13.38	1674	15.87	709	37	28	19.83	1002	9
1956	104,500	3034	1421	13.60	1727	16.53	681	34	28	19.70	1080	10
1957	104,400	3247	1477	13.60	1639	15.72	641	40	28	18.95	1038	9
†	104,230											
1958	104,100	3170	1433	13.76	1753	16.84	735	39	30	20.93	1057	10
1959	104,000	3438	1560	15.0	1847	17.38	777	47	31	19.87	1117	10
1960	104,490	3583	1549	14.83	1747	16.72	737	43	25	16.14	1053	10
1961	106,410	3828	1695	15.93	1781	16.74	760	44	30	17.70	1065	10
1962	106,560	3966	1695	15.91	1893	17.76	788	57	28	16.52	1162	10

* Population birth rate. City Extended 1st April, 1929.

† Population birth and death rates. City Extended 1st. April 1957.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar General which are adjusted to allow for evacuation population.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE CITY OF OXFORD DURING 1962

(Table of Registrar General)

	CAUSES OF DEATH	All Ages	0–	1–	5–	15–	25–	45–	65–	75–
ALL CAUSES		1162	28	5	4	13	43	243	269	557
1	Tuberculosis, respiratory	3	—	—	—	—	—	—	3	—
2	Tuberculosis, other	1	—	—	—	1	—	—	—	—
3	Syphilitic disease	2	—	—	—	—	—	1	—	1
4	Diphtheria	—	—	—	—	—	—	—	—	—
5	Whooping Cough	—	—	—	—	—	—	—	—	—
6	Meningococcal infections	—	—	—	—	—	—	—	—	—
7	Acute poliomyelitis	1	—	—	—	—	1	—	—	—
8	Measles	—	—	—	—	—	—	—	—	—
9	Other infective and parasitic diseases	3	1	—	—	—	—	1	—	1
10	Malignant neoplasm, stomach	28	—	—	—	—	2	9	7	10
11	Malignant neoplasm, lung, bronchus	62	—	—	—	—	4	23	26	9
12	Malignant neoplasm, breast	21	—	—	—	—	1	8	5	7
13	Malignant neoplasm, uterus	5	—	—	—	—	—	3	2	—
14	Other malignant and lymphatic neoplasms	108	—	—	—	3	4	34	31	36
15	Leukaemia, aleukaemia	5	—	1	—	1	—	1	1	1
16	Diabetes	7	—	—	—	—	—	3	2	2
17	Vascular lesions of nervous system	172	—	—	—	—	2	26	40	104
18	Coronary disease, angina	231	—	—	—	—	3	54	54	120
19	Hypertension with heart disease	12	—	—	—	—	—	3	4	5
20	Other heart disease	107	—	—	1	1	2	16	26	62
21	Other circulatory disease	38	—	—	—	—	3	7	6	22
22	Influenza	4	—	—	—	—	—	—	2	2
23	Pneumonia	95	3	—	—	—	1	10	13	68
24	Bronchitis	58	—	—	—	—	2	12	18	26
25	Other diseases of respiratory system	14	—	1	—	—	—	4	4	5
26	Ulcer of stomach and duodenum	10	—	—	—	—	—	2	2	6
27	Gastritis, enteritis and diarrhoea	4	—	—	1	—	—	1	—	2
28	Nephritis and nephrosis	6	—	—	—	—	3	1	1	1
29	Hyperplasia of prostate	4	—	—	—	—	—	1	2	1
30	Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—
31	Congenital malformations	13	11	—	—	—	—	2	—	—
32	Other defined and ill-defined diseases	83	13	2	1	—	6	7	11	43
33	Motor vehicle accidents	18	—	—	—	7	3	4	—	4
34	All other accidents	34	—	1	1	—	1	8	7	16
35	Suicide	13	—	—	—	1	5	2	2	3
36	Homicide and operations of war	—	—	—	—	—	—	—	—	—

The deaths of Oxford residents registered away from Oxford are included in, and the deaths of non-residents registered in Oxford are excluded from the Oxford net deaths.

CLASSIFICATION OF CAUSES OF DEATH

The preceding table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 1,162 deaths, 585 were male and 577 female. The death rate of 10.93 is the highest recorded since 1940 (12.45).

Comparing the age-groups at which death occurred in 1962 and 1940, some interesting facts emerge as shown in the table below:—

	1962	1940
Age 0—	28	62
1	5	16
5	4	15
15	56	143
45	243	279
65	826	688
	1,162	1,203

The change in the pattern of deaths from certain diseases is also interesting.

	1962	1940
Tuberculosis (all forms) ..	4	54
Meningococcal infection ..	—	13
Influenza	4	54
Bronchitis	58	94
Cancer (all sites)	229	158

There was one death attributable to poliomyelitis. This was a young man of 32 years of age who had a severe attack of poliomyelitis some years ago before he came to live in Oxford. The primary cause of death was due to kidney disease, but as the contributory cause was given as poliomyelitis, the Registrar General has allocated the death to this disease.

Cancer deaths (all sites) continue to show an increase, being 224 as against 214 in 1961. Deaths from cancer of the lung and bronchus numbered 62 (53 male and 9 female) as against 55 (44 male and 11 female) in 1961.

Deaths from influenza numbered only 4 compared with 12 in 1961, but both pneumonia and bronchitis deaths show a considerable increase, the former being 95 as against 79 in 1961 and the latter 58 as against 39 in 1961.

Deaths from tuberculosis of the respiratory system show a decrease, being 3 as against 5 in 1961 and 7 in 1960. There was one death from non-pulmonary tuberculosis.

No maternal death occurred in 1962 and there were no deaths from measles, scarlet fever or whooping cough.

Residents who Died in Institutions in Oxford	1962
United Oxford Hospitals Group	518
Oxford Regional Hospital Board Group	17
Nursing Homes	25
Old People's Homes (Local Health Authority)	21
Old People's Homes (Private)	16
	*597

* = 31.54% of total deaths

Residents who Died away from Oxford	1962
Regional Hospital Board Groups	31
Institutions and Nursing Homes	2
Private Houses	17
Accidents, etc.	6
	56

Non-Residents who Died in Oxford	1962
United Oxford Hospitals Group	684
Oxford Regional Hospital Board Group	11
Other Institutions and Nursing Homes	20
Private Houses	8
Accidents, etc.	63
	786

DEATHS FROM TUBERCULOSIS

Years 1942—1962

	Pulmonary							Non-Pulmonary						
	0–	1–	5–	15–	45–	65–	Total	0–	1–	5–	15–	45–	65-	Total
1942	1	1	2	24	27	3	58	1	—	1	4	1	1	8
1943	1	—	—	22	14	7	44	—	1	1	6	—	1	9
1944	1	1	—	25	9	4	40	—	1	2	2	2	—	7
1945	1	—	—	22	9	5	37	—	—	—	4	2	—	6
1946	—	—	—	16	10	2	28	1	3	1	4	3	1	13
1947	—	—	1	25	10	3	39	—	—	—	3	2	—	5
1948	—	—	—	24	8	4	36	—	—	1	1	3	1	6
1949	—	—	—	11	4	9	24	—	1	—	2	—	1	4
1950	—	—	1	7	9	6	23	—	—	1	1	3	—	5
1951	—	—	—	3	14	7	24	—	1	—	2	1	1	5
1952	—	—	1	4	6	—	11	—	1	—	1	1	1	4
1953	—	—	—	5	8	7	20	—	—	—	1	1	—	2
1954	—	—	—	3	—	4	7	—	—	—	1	—	—	1
1955	—	—	—	2	3	5	10	—	—	—	1	1	—	2
1956	—	—	—	1	2	2	5	—	—	—	—	—	—	—
1957	—	—	—	—	4	1	5	—	—	—	1	—	—	1
1958	—	—	—	—	2	4	6	—	—	—	—	—	—	—
1959	—	—	—	3	3	3	9	—	—	1	—	1	—	2
1960	—	—	—	3	1	3	7	—	—	—	1	—	1	2
1961	—	—	—	—	3	2	5	—	—	—	—	—	—	—
1962	—	—	—	—	—	3	3	—	—	—	1	—	—	1

The following table shows the deaths from cancer under various headings for the last twelve years:—

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Uterus (female)	5	7	9	6	5	11	5	6	8	8	4	5
Stomach—												
Male ..	12	19	22	11	14	15	18	13	13	17	21	13
Female ..	13	9	8	15	15	17	2	9	7	16	12	15
Lung, bronchus—												
Male ..	37	36	29	33	28	31	38	35	43	40	44	53
Female ..	7	3	5	1	5	8	11	2	7	6	11	9
Breast	19	21	23	16	9	18	17	17	27	17	27	21
All other sites—												
Male ..	72	42	46	47	62	48	53	49	43	56	48	60
Female ..	46	48	49	43	56	49	46	45	54	48	47	48
Totals ..	211	185	191	172	194	197	190	176	202	208	214	224

Age and sex distribution of Cancer deaths

	All Ages	0–	5–	15–	25–	45–	65–	75–
Male	126	—	—	2	7	46	43	28
Female	98	—	—	1	4	31	28	34
Total ..	224	—	—	3	11	77	71	62

Analysis of deaths from cancer according to the site of the disease:—

	MALE							FEMALE						
	0–	5–	15–	25–	45–	65–	75–	0–	5–	15–	25–	45–	65–	75–
Stomach ..	—	—	—	2	4	4	3	—	—	—	—	5	3	7
Lung, bronchus	—	—	—	3	21	24	5	—	—	—	1	2	2	4
Breast ..	—	—	—	—	—	—	—	—	—	—	1	8	5	7
Uterus ..	—	—	—	—	—	—	—	—	—	—	—	3	2	—
All other sites	—	—	2	2	21	15	20	—	—	1	2	13	16	16
Total ..	—	—	7	4	46	43	28	—	—	1	4	31	28	34

SECTION III

GENERAL HEALTH SERVICES

(a) FLUORIDATION

In response to Ministry of Health Circular No. 28/62 received in December, the following report was submitted to the Health Committee and later to Council. The recommendation of the Health Committee in favour of the fluoridation of Oxford water was rejected by Council by 31 votes to 21. This was a disappointing decision but it is likely to be the beginning rather than the end of the story.

1. Introduction

This is a controversial subject of world-wide importance and significance. In this country the case in favour of fluoridation of public water supplies is outlined in Ministry of Health Report No. 105 entitled "The Conduct of Fluoridation Studies in the United Kingdom and the Results Achieved After Five Years". This view is supported by the World Health Organisation and by such influential national bodies as the Ministry of Health, Central Health Services Council, Association of Municipal Corporations, British Medical Association and British Dental Association. Strong local support has been expressed by the Local Medical and Local Dental Committees for Oxford County and City, and by the Berks, Bucks and Oxon Branch of the British Dental Association. The view of those opposed to fluoridation is summarised in a Critique of "The Conduct of the Fluoridation Studies in the United Kingdom" produced by the National Pure Water Association. Both publications were circulated to members of the Health Committee prior to discussion of the subject of fluoridation, and both have since been distributed to each member of Council.

This report, which has been prepared at the request of the Health Committee, is an attempt to clarify the salient points of the controversy and to advise Council as simply and fairly as possible about the issues involved. The literature on this subject is now world-wide and voluminous and, having read extensively in order to assess the available evidence the following is my appraisal of the situation.

2. The Problem of Dental Caries

The increasing incidence of dental caries in this country is justifiably associated with the increasing consumption of sugary foodstuffs in the post-war years. The prevalence of dental caries is such as to constitute a disease of the utmost national importance. The total amount of suffering and ill-health caused by dental caries, particularly in children, must be enormous.

Good dental health depends on sound tooth construction plus the

minimum opportunity for sugary substances to attack teeth. The former depends on heredity, good antenatal care and a sound diet throughout childhood. The latter is concerned with such matters as the limitation of total consumption of sugary foodstuffs, the avoidance of snacks particularly sweets and biscuits between meals, finishing meals with a teeth cleansing food such as an apple, careful oral hygiene, regular and correct tooth brush drill, and routine visits to the dentist. Whatever may be the merits of fluoridation in reducing dental caries, all these other important factors must continue to be pursued with full vigour. Fluoridation should be considered as an important additional measure towards the attainment of good dental health and in no sense as a substitution for the present traditional methods of preventing caries.

3. The Effect of Fluoride on Teeth

It is now accepted that the ingestion of minute amounts of fluoride helps to make teeth stronger and reduces the incidence of dental decay. Although various theories have been advanced, the precise scientific explanation for the effect achieved is as yet uncertain. The beneficial result of fluoride was first noticed in this country and in America in areas where the local water supply has a naturally high fluoride content. The inhabitants of such areas have much stronger teeth than those living in comparable districts with a low fluoride content in the water.

The next obvious step was to add fluoride to water with a low fluoride content and see whether the teeth benefited in the same way. This has now been done, firstly in America and Canada (1945), more recently in this country (1955-56), and in other parts of the world. All the results are remarkably consistent, and show, beyond any shadow of doubt, that a water fluoride level of one part per million reduces dental caries in children by at least 50%.

Such a simple procedure capable of reducing dental caries by half has justifiably been greeted as one of the major advances in preventive medicine in recent years. It is of particular interest in an area such as Oxford where the local water supply is low in natural fluoride, averaging about 0.15 parts per million. There is, therefore, the exciting prospect that, by the simple addition of fluoride to the Oxford Water supply in order to raise the existing level to the optimum of one part per million, dental caries in Oxford children could be reduced by at least 50%. Obviously only very cogent reasons against fluoridation would justify denying the benefits of this latest advance in preventive medicine to Oxford children.

4. The Natural Fluoride Content of Water and Food

Fluoride is a substance very prevalent in nature, and, therefore, is found in varying amounts in practically all water and food. In this country, water supplies vary in fluoride content from a trace to as much as six parts per million. It is estimated that over half a million people

are living in areas with a water fluoride content of more than one part per million. Many residents in these areas have regularly drunk such high fluoride water throughout their lives. It is similarly estimated that in America over three million people regularly drink water with a natural fluoride content of over one part per million, and in one area it is as high as eight parts per million.

Most foods contain fluoride, some having quite high levels, and of these, tea is perhaps of the greatest interest in this country. The average brew of tea contains about one part per million fluoride so that those who regard fluoride as a harmful substance are presumably non-tea drinkers. Similarly such people will no doubt also avoid beer, fish, cheese and chicken, all of which have a fluoride content about or above the one part per million level. However, this does raise the important question as to whether, if water is fluoridated, there is a risk of a big tea or beer drinker imbibing a total amount of fluoride which might be harmful ?

The answer is that it would be almost impossible to drink daily, enough of such beverages even to equal the level of the higher natural fluoride areas where no harmful effects have yet been detected amongst the residents.

5. Fluoride added to the Water Supply

Fluoridation simply involves increasing the amount of natural fluoride, already present in most water supplies, up to an optimum level of one part per million. Adding fluoride to water makes no alteration to taste, colour or smell.

The source of naturally occurring fluoride in water is probably calcium fluoride and, therefore, this salt would be the fluoridating agent of choice were it not for its low solubility which precludes its use. In America a variety of fluourides are used in water fluoridation, but in the British trials, only sodium fluoride and sodium fluorosilicate were used. However, the precise fluoride salt added to the water does not matter because at a level of one part per million it would be ionised, yielding fluoride ions with identical physiological effects.

To obtain the maximum beneficial effect on teeth, the fluoridated water must be consumed by the mother during pregnancy and by the child up to about the age of 12, in order to cover the full period during which both first and second dentitions are forming. There is evidence that some further beneficial effect may result from drinking fluoridated water throughout adolescence. Certainly in the natural high fluoride areas it is clear that the good results achieved in childhood extend into adult life.

It is true, however, that adults probably derive no benefit from drinking fluoridated water. This means that, taking into account the major use of water for trade and domestic purposes, only a small proportion of the total fluoridated water supply will be consumed by those who can

benefit, namely pregnant women and children. It follows that a justifiable criticism is that the bulk of fluoridated water will, from the health point of view, be wasted. However, a very similar situation exists at present in relation to chlorinated water. In both instances it is a question of treating all the water or none.

This immediately raises the important point as to whether fluoride could be given in some other more personal way to those who could benefit from it, and so avoid the rather wasteful method via the water supply. For instance, fluoridated toothpaste is available but at best this can only be of limited value as it is applied externally after the teeth have erupted.

Another possibility is the use of fluoride pills, but this is most unlikely to be successful as a community measure due to the enormous difficulty of ensuring regular daily consumption throughout pregnancy and childhood. However, it is being tried in New Jersey, U.S.A., where the Health Board of Clifton has made fluoride pills freely available.

The uptake so far has been very poor and an educational crusade to try and improve matters was launched in December. It is the very poor uptake of these tablets which would appear to be responsible for the low cost claimed for this method in the Critique (page 3) and in this context the low cost is indicative of the failure of the method.

Another possible alternative might be to add fluoride to dried milk and the other welfare foods such as vitamin tablets, cod liver oil and orange juice. In order to cater for the pregnant woman and children of all ages it would be necessary to add fluoride to all these substances and there would still remain the problem of very incomplete uptake.

It is, therefore, concluded that fluoridation of the water supply is the simplest, probably the cheapest, and certainly the most effective way of raising the fluoride intake to the optimum level for good dental health. This conclusion is being increasingly accepted in America where it is estimated that about 50 million people are now living in areas subject either to natural or artificial fluoridation.

6. Cost

The cost of fluoridation would be met by the Health Committee under Section 28 of the National Health Service Act, 1946. The City Water Engineer estimates that the installation of the necessary apparatus for Swinford and Farmoor would cost about £20,000, whilst the annual running cost for the whole water undertaking, based on an estimated figure of 10*d*. a head as quoted in the Ministry of Health Report, would be about £7,500, of which Oxford's share would be about £4,400 per annum.

At first sight the cost may seem high but if as a result, the dental caries of children living in the area of the water undertaking is reduced by 50%, then the expenditure would indeed be reasonable and worthwhile. With less caries, there would be a saving in the cost of both the national and local authority dental services. Much more important,

however, than any financial saving, would be the diminished suffering and the improved health of Oxford children as a result of much less dental decay.

7. Safety

If the results of fluoridation are as beneficial as is claimed, and there can be no doubt about this, then the essence of the problem is the question of safety, because if there is any risk at all to health, through drinking fluoridated water, then the addition of fluoride to public water supplies could not be recommended. I have, therefore, looked into this point very carefully indeed and can find no reliable scientific evidence that fluoridation, at a level of one part per million, has done any harm to anybody anywhere.

As has already been stated, many people in this country, in America, and elsewhere in the world have been drinking water with a natural fluoride content much higher than one part per million all their lives with no sign of deleterious effect to their health but with obvious benefit to their teeth.

All sorts of allegations have been made as to the possible adverse effects of fluoridation. From time to time it has been suggested that it is the cause of such diseases as juvenile osteochondritis (bony abnormality) of the spine, goitre, mongolism, kidney disease, and cancer, but all have eventually been disproved.

With regard to mongols, a British enquiry revealed no difference in incidence between low and high fluoride areas. The Critique (page 7) refers to an American investigation in which more mongols were found in high fluoride than in low fluoride areas. As the total number of mongols ascertained in this particular enquiry fell short of the expected number based on similar investigations elsewhere, a reasonable explanation for the difference would be that the investigator had failed to find all the mongols in the high fluoride areas and had been even less successful in the low fluoride areas. This was a retrospective enquiry and the difficulties of finding all cases in such circumstances are well recognised.

It has been shown that kidney disease does not cause dangerous fluoride retention on the body and fluoridation does not worsen any existing renal disease. There is no evidence that mortality from kidney disease is higher in areas with a naturally high water fluoride content. The Critique (page 11) refers to an investigation in this country in which a higher mortality rate from kidney disease was found in the north in high fluoride towns compared with the control low fluoride areas. What was not stated in the Critique, is that, in the north, both high and low fluoride areas had mortality rates for renal disease below the expected level, whilst a similar comparison in the south revealed no difference between the high and low fluoride areas. The observed difference in the north

could be satisfactorily explained on the basis of an unusually low mortality rate in the selected low fluoride control areas.

With regard to cancer, the Critique (page 10) contains an extract from a paper by Professor Steyn of South Africa. This makes reference to views expressed by Dr. R. A. Holman of Cardiff who, at an international Conference at Aachen in 1961, stated that there was some evidence that populations with artificial fluoridation in the U.S.A. had an increased incidence of cancer. In July, 1962, Dr. Holman publicly admitted that he had been misinformed both about the alleged increase of cancer and also about the relevant state of commencement of fluoridation in the areas concerned.

Referring to possible harmful effects, the Critique (page 6) contains a deliberately misleading selective quotation from an editorial in the *British Medical Journal*. This editorial appeared two years ago and was written before the results of the British trials were known. There are two relevant sentences in the editorial which read as follows:—

> "It would, therefore, appear that if harmful effects develop from the artificial fluoridation of water, they are either very rare or of such a minor nature that they have not been shown to affect the expectation of life."
>
> "If they occur, our knowledge suggests that they will be rare and of a minor nature, will develop slowly, and will first be observed in old people after many years, probably after several decades of drinking fluoridated water."

The recent thalidomide disaster is a complete "red herring" in the context of fluoridation. Thalidomide is a new man-made synthetic chemical compound which, as we now know, was incompletely tested over a short period of a year or two. Fluoride, on the other hand, is a very common natural salt present in almost all food and water, and which has been consumed, in varying amounts, for generations, by millions of people.

It has been suggested that fluorides are poisons and so, of course, they are if used in sufficiently high dosage. This is equally true of many common substances and it would be just as logical to refer to common salt as a poisonous substance. In small amounts it is beneficial, in larger amounts it has deleterious effects, and if taken in sufficient quantity will result in death. In the same way, chlorine which is added to most public water supplies has a beneficial effect in the very small dosage used to purify the water, whereas in larger doses it is a very potent poison.

The position, then, can be summarised by stating that with the experience of a lifetime of natural fluoridation in some areas and over 15 years of artificial fluoridation in other areas, there is no valid scientific evidence of any adverse effect on health.

One further important point is that experience in the experimental areas in this country has shown that fluoride can be added to a public water supply in consistently accurate dosage.

8. Mass Medication

The Critique (page 2) refers to fluoridation of public water supplies as compulsory mass medication. Superficially this may appear to be the case but the addition of minute amounts of fluoride to certain water supplies to raise the fluoride level to one part per million might more correctly be described as making up a deficiency of a naturally occurring substance. The people of South Shields, West Hartlepool, Slough, Maldon, Colchester and other naturally high fluoride areas do not complain of mass medication. Chlorination of water supplies, which, of course, is now employed by most large public water undertakings, could equally be described as compulsory mass medication.

Is there any ethical difference between adding chlorine to water to prevent infection and adding fluoride to the same water to prevent dental caries ?

Another example of existing mass medication is the compulsory addition of iron and certain vitamins to all imported and home produced flour to raise, where necessary, the content of these substances to prescribed levels. This means that all bread, other than perhaps some made from wholemeal flour, contains added iron and vitamins. Similarly chalk is added compulsorily to all flour other than wholemeal. The chalk is added to give additional calcium but it also contains fluoride to an extent which results in the flour having a fluoride content of nearly one part per million. Calcium, iron and vitamins are all substances which are essential to health in the right dosage but all are also poisonous if taken in excess.

An individual living in a water fluoridation area who feels sufficiently strongly against this practice can, I understand, overcome his difficulties by using a simple household filter which will effectively remove all fluoride from the water.

9. Conclusion

In the past, well-meaning but misguided vocal minorities fought strenuously against the introduction of such public health measures as the pasteurisation of milk, the chlorination of public water supplies, and vaccination and immunisation against a variety of infectious disease. Subsequent events have completely justified all these preventive health measures which individually and collectively have saved many lives and much ill-health. Once again we stand at the cross-roads, and a decision for or against the introduction of another potentially valuable health measure must be taken.

It is doubtful whether any other public health measure has been so thoroughly studied and tested before being officially sanctioned in this country. In 1958 an Expert committee of the World Health Organisation reviewed the evidence from countries throughout the world and concluded that the efficacy and safety of fluoridation had been established. Several

reports from this country and abroad have since re-affirmed this conclusion.

Having carefully weighed all the evidence, it is impossible to escape the conclusion that fluoridation at the rate of one part per million will reduce dental caries in children by at least 50% and is completely harmless. It is accordingly recommended that the children of this City should have the benefit of this latest advance in preventive medicine and that, therefore, the Oxford water supply should be fluoridated.

(b) HEALTH CENTRES AND G.P. SURGERY PREMISES

BLACKBIRD LEYS HEALTH CENTRE

This has been the second complete year's working of the Health Centre and it has become increasingly busy with the growth of the estate. The population has now reached 5,000 which originally was to be the size of the completed estate and it was for this number that the Centre was designed to cater. However, it is now understood that the population will eventually reach 10,000 and it is, therefore, certain that some extension will have to be made to the present building, and the extent and timing of this are now under consideration.

Throughout the year, one general practitioner has practised wholly from the Health Centre, and six other doctors have held between them a total of 13 surgery sessions each week. The link between the general practitioner and local authority services has now become so interwoven that it can truly be said that the Health Centre is functioning as one unit.

Towards the end of the year, the Housing Committee agreed to provide, on request and under certain conditions, housing accommodation on the estate for two G.P. Assistants to separate practices.

For some time, there has been an amicable but controversial discussion concerning one clause in the proposed Agreement between the City Council and the Executive Council, and between the latter and the doctors practising from the Health Centre. Agreement has now been reached to the satisfaction of all concerned.

Before the Health Centre opened, rental charges for general practitioners were fixed at £360 per annum for use as a main surgery, and 15/- per session for use as a branch surgery, and it was agreed that there would be a review of these charges after the Centre had been open for two years. This review took place towards the end of the year when the following financial statement formed the basis for consideration:—

EXPENDITURE

		1957 *Pre-Construction Estimate* £	1960/61* *Actual for 11 months* £	1961/62 *Actual* £	1962/63 *Actual* £
1.	Employees	700	843	1,240‡	1,450‡
2.	Upkeep of Buildings and Grounds	20	50	120	100
3.	Fuel, Light and Cleaning Materials	150	228	290	320
4.	Furniture and Fittings	20	26	58	28
5.	Rates	80	273	318	355
6.	Medical Equipment and Supplies	130	26	97	120
7.	Stationery, Telephone and Other Establishment Expenses	50	135	141	170
8.	Loan Charges	900	765	1,074	1,120
	Gross Expenditure	2,050	2,346	3,338	3,663
9.	Less Income—				
	Medical Practitioners				
	(*a*) Main Surgery	360	330	360	360
	(*b*) Branch Surgeries	190 550	421 751	382 742	486 846
	Local Church Organisations		52	52	76
	Total Income	550	803	794	922
	Net Cost	1,500	1,543	2,544	2,741

*Centre opened 1st May, 1960

‡*Analysis of Employees*
Clerk/Receptionist, whole-time
Caretaker and half-time Assistant Clerk/Receptionist
2 Cleaners, part-time

It was eventually agreed that the charge for whole-time use should increase to £420 per annum and for sessional use to 17/6 with a reduction to 16/6 in the case of a doctor holding more than five sessions a week or in the case of an Assistant to a doctor practising wholly from the Health Centre. This new agreement is to come into effect on the 1st July, 1963, and will remain operative for three years. These revised charges have been fixed on an economic basis and have continued the principle agreed at the beginning by all concerned that there should be no local authority subsidy in favour of doctors practising from the Health Centre.

MINCHERY FARM ESTATE GENERAL PRACTITIONER SURGERY PREMISES

These rather unique premises built as a branch surgery by the Housing Committee to serve the Minchery Farm Estate (population 2,000 approx.) have now been in use for five years. They have continued to give satisfaction to the general practitioners using the premises as well as to the residents of the estate. The present position is as reported last year, namely, five general practitioners undertaking between them eight sessions per week.

(c) AMBULANCE SERVICE

1. Administration

There has been no change in the staff during the year. During the latter part of the year, a good deal of sickness occurred amongst the Control Room staff and Ambulance Drivers, and at times the service had difficulty in coping with the demands made upon it.

Both the number of patients carried and the total mileage show a slight decrease to that of the previous year. There is, however, a slight change of pattern in the type of patients transported, there being approximately 1,600 fewer sitting-case patients transported to out-patient clinics, with a corresponding increase in the number of stretcher cases. This would suggest that even earlier discharges from hospital are being made than hitherto.

Table 1 shows the work carried out during the year, whilst Table 2 shows the number of patients carried and mileage covered since 1949.

2. Vehicles

One vehicle was replaced during the year. In view of the increasing number of patients having to be transported in wheel chairs, consideration was given to the practicability of incorporating a "hydraulic step" similar in design to the previous two vehicles, but of sufficient width to take a wheel chair. In consultation with the body builders, and after certain adaptations to the chassis, this was achieved and has proved of great value. This vehicle has, like its predecessor claimed the attention of other local health authorities.

3. Radio Control of Ambulances

Changeover to Frequency Modulation Scheme

During 1961, extensive surveys were carried out by four manufacturers of radio telecommunication apparatus. This resulted from the Post Office regulation reducing the operation of the service from 50 Kcs. to 25 Kcs. by not later than June, 1964. It was felt that, as the existing radio equipment was coming to the end of its useful life, the opportunity should be taken to review the present scheme in both the City and County. The major point which needed careful consideration was whether the new scheme should be of Amplitude Modulation (A.M.) or Frequency Modulation (F.M.). The surveys carried out included both these systems, and it was agreed by all the officers taking part that Frequency Modulation was vastly superior. Accordingly, during the latter part of the year, the decision was taken to install a new system of Frequency Modulation Radio Control and the firm of Storno-Southern Limited was given the contract.

Installation

The installation commenced in late March and was completed in early July, 1962. It consists of three main stations at Oxford, Banbury and Henley, 42 mobile transmitter/receivers, and a link to the Radcliffe Infirmary for the use of Casualty Officers. Two of the main stations, Oxford and Banbury, operate from the Ambulance Depots. At Oxford the G.P.O. landline from Boars Hill has disappeared and instead there is a 100 ft. mast at the Ambulance Service Headquarters at the Churchill Hospital. The Henley station situated at Joyce Grove Convalescent Home, Nettlebed, some few miles from the Henley Ambulance Depot, is controlled by G.P.O. landlines.

The total cost of the scheme, including certain standby equipment was £7,877 (City £3,680 and County £4,197).

Operational Control

(a) Oxford

It is estimated that the new system has reduced control room noise by 75%. Undesirable noise from static interference, landline sources, distant stations on the same frequency, and outstation monitors has virtually disappeared. There is no doubt that the F.M. system requires a different approach and appreciation, but after suitable instruction early teething troubles were soon overcome.

(b) Banbury

Some difficulty has been experienced caused by interference, which remains untraced, in spite of help from the G.P.O. However, adjustments to the equipment have made the noise tolerable. Under the old A.M. scheme, the Banbury Ambulance Station had a vast radio range to the detriment of both Oxford Control and Henley Base, but with F.M. the range is purposely reduced.

(c) Henley

From the Henley station point of view, the new equipment is far better in all respects.

(d) Banbury—Oxford Link

As Banbury is a continuously manned station, this link has only been used on two occasions. It is, however, reassuring to know that this facility is available should it be needed at any time.

(e) Henley—Oxford Link

This facility has worked extremely well. The additional responsibility during the period 9.0 p.m. to 9.0 a.m. falls upon the Oxford Control Room Officer, who now has to acquaint himself more fully with the

topography, limitations and procedure of the Henley portion of the service. It has fulfilled its function as an emergency cover when the Henley station is without personnel.

(f) Radcliffe Infirmary Link (Landline to Radio)

This link with the United Oxford Hospitals Accident Service became operational at the beginning of July, 1962, and was used on 40 occasions up to the end of the year, and a further 37 occasions in the first quarter of 1963. The installation cost of £100 was borne by the City Council, whilst the estimated running cost of £50 per annum (rent of G.P.O. land-lines) will be borne by the United Oxford Hospitals.

The substance of each call is recorded in a special book, and a perusal of this shows that the purpose for which the link was installed, namely notifying the hospital about seriously injured casualties and seeking advice as to what should be done by the ambulance personnel on the spot, has proved reasonably successful.

There have been some teething troubles due mainly to the inexperience of staff in making the best use of this new service. From the Ambulance Service point of view, the link has, at the monemt, two minor disadvantages:—

(i) For the relatively short time that the hospital link is being used, the Ambulance Service is out of touch with all its vehicles.

(ii) The switching sequence is somewhat complicated. The manufacturers have, however, undertaken to carry out a modification in the very near future without cost.

It is believed that Oxford was the first Ambulance authority to establish a direct radio link with a Hospital Accident Service. In the light of our limited experience to date, it is not possible to give a completely enthusiastic report but the potential value of a service of this nature is apparent and its usefulness will increase with experience of operation and with more extensive coverage. Ideally this facility, which is now operated by about three Ambulance authorities, should become universal. In achieving such an aim, it would be a great advantage if the G.P.O. would grant a national hospital service "channel" which would operate from designated accident service centres throughout the country. Local Authority Ambulance Services could then have two channel mobile transmitter/receiver sets, one channel for their domestic use and the other for calling on the national hospital channel. This would enable any ambulance, no matter where situated, to contact the nearest accident hospital in the event of an emergency. Such a scheme would also have the advantage that only one ambulance would be lost to an ambulance control, instead of all ambulances being blocked for a period as at present. In the event of a major disaster, ambulances could be directed to the incident on their ambulance control frequency, but could also switch to

the hospital frequency for secondary control or advice. An Ambulance Officer at the hospital transmitter/receiver could give secondary control to all ambulances bringing casualties, irrespective to which authority they belonged, and could also give instantaneous information to them.

The concept of a direct hospital radio link with ambulances is relatively new but is likely to spread. There would therefore, appear to be a valuable opportunity now for long-term planning on a national scale. As a poor alternative there will be piecemeal development, with many different local schemes each catering only for its own area.

Conclusion

The changeover from Amplitude Modulation to Frequency Modulation has been fully justified, as the following objects have been achieved:—

(*a*) A reduction in the overall noise in all control rooms.

(*b*) Mutual interference of all stations, both fixed and mobile, minimised.

(*c*) The speech levels of both mobile and fixed stations improved.

(*d*) A reduction in the overspill from the Banbury and Henley fixed stations.

(*e*) Each fixed station now capable of independent local operation.

(*f*) Maximum coverage obtained.

(*g*) Distant cover from Oxford provided when the Henley and Banbury stations are devoid of personnel.

(*h*) The radio communications in the Henley/Reading area much improved.

(*i*) Fringe communication in the Chipping Norton area, previously non-existent, now possible.

(*j*) A link to the Radcliffe Infirmary Accident Service installed.

4. Emergency Calls

The number of emergency journeys shows a decrease, being 2,373 as against 3,156 in 1961, and 2,531 in 1960.

The distribution within the City was as follows:—

	1962	1961
(*a*) Central (within the area Magdalen Bridge, Folly Bridge, The Station and St. Giles.) ..	475	546
(*b*) North of St. Giles'	244	347
(*c*) South of Folly Bridge	122	163
(*d*) West of Station	102	144
(*e*) East of Magdalen Bridge	1,430	1,956

These figures reveal that 60% of the calls were received from East of Magdalen Bridge.

5. General

The service has continued to run smoothly during the year. Expenditure continues to increase, and part of this has to be passed on to other local health authorities in the form of mileage charges. These were increased on 1st September, 1962, to 4/6 in the case of ambulances (previously 4/-), and 3/- for sitting-case vehicles (previously 2/-).

The emergency oxygen service continues to be of great assistance to the local medical practitioners.

The Organisation and Methods Team commenced their assignment of the ambulance service in October, and it is hoped that their report will be available in mid year 1963.

The ambulance service entered a team for the Region (Oxford City and Oxford County, Berkshire, Buckinghamshire and Southampton County Borough) of the National Ambulance Service competition. Unfortunately they were beaten by Berkshire County Council by the narrow margin of $\frac{1}{2}$ a point, who went on to the final. The competition was won by Hereford Ambulance Service.

TABLE 1

1962	Ambulances		Sitting-Case Vehicles		Totals		Train Journeys
	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed
January—March	5,820	30,133	11,697	43,251	17,517	73,384	33
April—June	6,110	32,404	11,771	44,156	17,881	76,560	57
July—September	6,105	32,091	11,425	45,941	17,530	78,032	48
October—December	6,199	30,455	11,471	44,421	17,670	74,876	38
	24,234	125,083	46,364	177,769	70,598	302,852	176

TABLE 2

Year	Patients	Mileage	Train Journeys
1949	29,878	357,058½	—
1950	31,963	322,944½	133
1951	41,549	319,877½	217
1952	44,494	317,268½	230
1953	45,883	297,317	246
1954	47,774	282,380	248
1955	49,238	292,838	229 (rail strike in June)
1956	52,900	301,497	234
1957	53,955	293,362	202
1958	57,769	275,918	193
1959	56,893	269,923	197
1960	62,868	281,553	186
1961	70,928	311,303	160
1962	70,598	302,852	176

Reports by Dr. E. M. Wallis
M.B., Ch.B., D.P.H., D.R.C.O.G.,
Senior Assistant Medical Officer of Health.

(d) DISTRICT NURSING

1. Administration of the Service

The change, begun in 1961, in the method of running the branch homes within the City was completed in February, 1962, with the conversion of the premises at 23 Hollow Way, Cowley. This branch home now consists of two flats, rented to nurses, and a district room which is used by all the nurses centred on the Cowley Home, whether they are tenants in the flats, or living elsewhere. No change is envisaged for the Central Home, which is due to close down when the combined midwives and district nurses centre planned in the Cowley Road area is built.

There has been an increase of work on Blackbird Leys Estate during 1962, 110 cases being nursed, involving 1,741 visits. A nurse is now giving approximately half her time to this area.

Four Corporation cars are provided for the District Nursing Service, and up to December, 1962, 10 nurses were in addition given car allowances. In that month it was agreed that any nurse wishing to drive her own car could be given an allowance if a Corporation Car was not available. It is in bad weather that pressure on the service is likely to be greatest. Long hours of cycling in the rain are likely to result in increased staff sickness at a time when the nurses' services are most needed. It also has the long term effect of discouraging potential recruits to the service, particularly older married women who are likely to be employed in greater numbers in the future, on a part-time basis, in the place of the full-time nurse. When pressure on the service is greatest, nurses can carry a larger case load spread over a wider area if cars are used.

2. Staff

There has been little overall change in the staffing position since the last report was made. At the end of 1962, 5 nurses were employed on a part-time basis, as opposed to 3 in 1961.

In January, 1962, Miss D. King was appointed Assistant Superintendent. She was seconded in September for a three month course in Community Health Administration at the Queen's Institute's William Rathbone Staff College, Liverpool. On her return she reported on the course with enthusiasm, and it is anticipated that the service will derive considerable benefit from her training.

On December 31st, 1962, the position was as follows:—

Administrative:

Superintendent, resident	1
Assistant Superintendent, non-resident	1

District Nurses:—

Queen's nurses:—		
Resident, full time	2	Equivalent to $15\frac{3}{4}$ full-time nurses
Non-resident, full time	10	
Non-resident, part time	3	
State-registered nurses:—		
Resident, full time	0	
Non-resident, full time	2	
Non-resident, part time	2	
Nursing orderly:—		
Non-resident, full time	1	

(The establishment is for 20 and 2 administrators).

3. Equipment

Following the publication during the year by the Medical Research Council of the Memorandum on the Sterilization, Use and Care of Syringes, it was decided that plastic disposable syringes should be brought into routine use by district nurses. This policy will take effect in 1963. The syringes were given a trial by the service in 1961 and were generally liked by the nurses. Students will still be taught the routine for sterilization by boiling as some will be returning to work in areas where the ready-sterilized syringes are not available.

4. Cases nursed during the year

The source of referral of new cases is set out in the table below:—

	1959	1960	1961	1962
General practitioners	1,970	1,740	1,610	1,542
Hospitals	73	54	54	42
Direct application	78	67	70	65
Other sources	6	4	14	11
Totals	2,127	1,865	1,748	1,660

In the more acute case the nurse attends to give a course of treatment ordered by the general practitioner, and when the treatment is finished, the nurse ceases to attend. In a proportion of cases, however, the nurse continues to give care, such as general nursing attention or a bath, during convalescence which may be prolonged particularly for elderly people. In this type of case, and in the chronic case where domestic circumstances may have altered, a card is sent to the general practitioner notifying him when the nurse ceases to attend.

Classification of patients nursed during year

	Number of cases attended				Number of visits			
	Under 5	5—64	Over 65	Total cases	Under 5	5—64	Over 65	Total visits
Medical	75	603	846	1,524	383	9,531	24,504	34,418
Surgical	20	141	118	279	318	2,184	4,162	6,664
Infectious diseases ..	—	2	—	2	—	13	—	13
Tuberculosis	—	46	3	49	—	3,367	144	3,511
Maternal complications	—	19	—	19	—	161	—	161
Others	—	4	1	5	—	8	5	13
	95	815	968	1,878	701	15,264	28,815	44,780

Patients (included in the above table) who have received more than 24 visits during the year:—

Patients	*Visits*
362	32,193

Also included in the above table were 133 visits paid in the late evening, 120 of which were for giving sedatives and 13 for other purposes.

During the year 635 visits were made by patients to the central and branch homes for a variety of treatments.

There has been a reduction of 177 in the number of cases nursed compared with 1961, and 2,144 fewer visits were paid. This continues the trend shown in recent years. Although the number of patients requiring more than 24 visits during the year fell by 75 (from 437 in 1961 to 362 in 1962) the total number of visits required by these patients fell by only 15 (from 32,208 to 32,193). There is thus a continuing tendency for the long-term case to require more visits. Visits to persons over the age of 65 accounted for 64% of the total.

At the beginning of the year the Service undertook to prepare patients for barium enemas to be carried out at the Radiodiagnostic Unit for general practitioners' cases at Cowley Road Hospital. During the year, however, no calls were made on the nurses for this purpose owing to difficulties within the hospital service. It is hoped, however, that the Unit will be able to accept these cases in the near future, and that, by using the domiciliary services, cases will be investigated as out-patients who would otherwise have required admission to valuable hospital beds.

5. Types of treatment given

The categories under which records of treatments given were kept were altered in some respects this year. Records of bowel washouts are now included with enemas, instead of with douches and catheterisation, these last being included under the heading of genito-urinary treatments. The attendance of a nurse at a minor operation is now a rarity and no longer deserves separate recording; this category has therefore been omitted. In the following table figures for 1961 are given for purposes of comparison.

	1961	1962
Injections—		
(1) Insulin	5,953	6,290
(2) Streptomycin	3,725	3,681
(3) Penicillin	5,504	5,302
(4) Any other injections	6,409	6,911
Baths	5,513	5,198
Dressings	7,719	6,926
Enemas and bowel washouts	1,156	830
Genito-urinary treatments		435
General nursing care	11,988	10,113
Any other treatments	1,437	697
Totals	49,404	46,383

As in previous years there has been a reduction in the total number of treatments given, and this year the number of time consuming general attentions has also fallen. The number of insulin injections given by District Nurses rises slowly but steadily each year as more elderly diabetics with increased life expectation come under treatment.

An analysis of baths given by the service was undertaken during the year and is set out below. Plunge baths are given to women only, as an all-female nursing staff is employed. Patients were not classified as aged and infirm if they were also ill. The category of handicapped persons consists for the most part of those who have suffered from some type of stroke, and who, having recovered from the original episode, are left with some degree of paralysis. Others included in this category are those with rheumatoid arthritis and other crippling disorders. Cases which were given a bath as part of general nursing attention are not included in these figures.

	Blanket Baths	Plunge Baths	Total
Patients who were ill	499	34	533
Patients who were handicapped ..	2,086	380	2,466
Patients who were aged or infirm ..	1,963	236	2,199
Total	4,548	650	5,198

The question of bathing persons who are not ill is one which must be looked at critically, as out of 5,198 baths given, only 533 were given to ill people. The district nursing service is primarily for nursing sick people in their homes, and the nursing training which precedes state registration and practice on the district is not required to keep old people clean. Moreover, many persons in the handicapped category also do not require this skilled attention at bath time. The service in Oxford has for many years employed a nursing orderly who has become so experienced that she can be entrusted with the bathing of ill persons under the direction of a nurse. Such a person can give up to 46 baths a week (2,116 per year). There would seem to be considerable scope for a bathing service staffed by bath orderlies particularly when it is remembered that there are many more old persons who need help with bathing, who have not come under the District Nursing Service, but who are known to the Welfare Department. It may also be desirable to consider employing a proportion of State Enrolled Nurses, who would work under the direction of a State Registered Nurse and who could give a more complex type of care to the elderly and handicapped, when this is indicated, than could be given by a bath orderly. This could include encouragement in getting a patient mobile and more independent.

6. Training School

Two courses of training were held during the year. The Assistant Superintendent, who acts as tutor, was not appointed until after the start of the January course, and we were again indebted to the Medical Officer of Health of Reading and their Superintendent of Home Nursing, for

allowing our students to join their course of lectures. The May course was held entirely in Oxford.

A total of ten students was enrolled for the two courses but one independent student withdrew after a month's training. The remaining 9 all passed the examination.

The students were classified as follows:—

Staff students (under contract to work for the City for a year after the examination)	2
*Students sent by other Local Health Authorities	5
Independent students	3
	10

*Students came from Oxfordshire, Hampshire and Warwickshire.

At the Annual General Meeting of the Queen's Institute of District Nursing it was announced that there are now 70 training schools in the country and that a total of 800 students took their Queen's training in the preceding year. To hold a satisfactory course it is necessary to aim at having at least 6 students. Many of the large counties and county boroughs have considerably more than this number. It is therefore obvious that insufficient students are coming forward for training at the present time to keep all training schools supplied even if only two courses instead of the usual three are held annually. The Institute will have to think most carefully about its present policy of recognising authorities for training. It is felt that Oxford is an excellent centre, and one in which a nurse can be given first class experience and instruction. It would be a pity if training had to be discontinued because of failure to recruit sufficient students as a result of the present policy.

7. Loan of nursing equipment: co-operation with the British Red Cross Society

We are once again indebted to the British Red Cross Society for their ready co-operation in supplying nursing equipment to patients. A list of loans is set out below.

In the financial year 1962-63 the City Council paid the Society a grant of £150.

Air beds	8	Bed hoists	5
Air rings	78	Bed pans	176
Air pillows	3	Bed pans—rubber ..	12
Bed blocks	8	Bed rests	87
Bed cradles	32	Bed tables	5

Carrying chair	..	..	1	Scales	2
Chair commodes	..	..	87	Stair chairs..	2
Commodes	..	..	54	Urinals	51
Crutches ..	..	..	26	Walking aids	15
Electric bell	..	..	2	Walking sticks	12
Feeding cups	..	..	15	Wheelchairs	125
Fracture boards	..	..	12		
Hospital beds	..	..	1		
Karrymodes	..	..	2	Total	977
Mackintosh sheets		..	156		

(e) HOME HELP SERVICE

1. Cases helped

(*a*) Classification of cases helped in the last 5 years:—

Cases	1958	1959	1960	1961	1962
Home confinements	80	91	70	59	68
Other maternity cases	29	35	30	52	44
Acute illness	219	246	215	152	160
Chronic sick	83	86	114	176	148
Tuberculosis	11	8	9	8	2
Aged (over 75 years)	173	187	204	256	324
Totals	595	653	642	703	746
Cases refused owing to pressure of work ..	7	2	1	2	0

The upward trend of work relating to the care of those in the over 75 age group continues. This service is becoming increasingly well known in the City and consequently more demands are being made on it.

(*b*) Patients receiving continuous help throughout the year during the past 5 years:—

1958	200
1959	205
1960	290
1961	258
1962	292

Approximately 10% of the elderly receiving regular help live in special accommodation, i.e. Old People's Flats, Almshouses, etc. This type of accommodation has, from the Home Help Organiser's point of view, the advantage that if more than one resident in the group requires help, a single worker can go from one household to another without wasting time on travelling. Small jobs, such as lighting fires, can be done for several people before the Home Help gives more lengthy attentions to any particular resident. Shopping and collecting pensions can also be carried out more expeditiously if performed for more than one person at a time.

Of the remaining 90% of old people receiving regular help, many live in large houses quite unsuited to their needs, particularly as the majority live quite alone. In such cases it is usual for only a couple of rooms to be in daily use and the Home Help confines her attentions to the part of the house which can be regarded as inhabited.

The average amount of help given is between 3 and 4 hours per week per household.

(*c*) Continuous daily help throughout the year was provided for 7 cases as compared with 5 (1960) 8 (1961). Recruiting for special cases has been easier, probably due to employment in industry being rather more difficult to obtain.

(*d*) A system of full co-operation between Health Department and Children's Department Staff has been evolved to deal with the case of any family in which the possibility of children being taken into care arises because of the absence of a parent, and in which it is felt that the Home Help Service could be used to help the family at home. Preliminary discussion takes place between the Health Visitor who knows the family, and the Child Care Officer dealing with the case. Appropriate cases are then passed to the Home Help Organiser. The biggest single difficulty experienced during the year in covering this type of case has been the father's hours of work. A period between a father leaving the house in the morning, often before 7 a.m. and the children leaving for school, has to be covered. The service is endeavouring to recruit Home Helps who would be willing to be on the job at 7 a.m. but as the cases tend to be intermittent, the Helps would have to be employed on other cases in the interim. Once having become accustomed to starting the working day at 9 a.m., they are not likely to be willing to start at the earlier hour. Many Home Helps competent to take charge of families with young children, have school-age children themselves, and it is felt that a mother should not be encouraged to start work at an hour which would prevent her seeing her own family off in the mornings.

2. Finance

(*a*) Classification for payment during the last 3 years has been as follows:—

	1960	1961	1962
Full payment	158	181	177
Assessed for part payment	199	216	204
Free	285	306	365
Total cases helped	642	703	746

At the end of the year 3 cases were receiving help at a rate reduced by Committee ruling. The revised scale of assessment came fully into operation in April, 1962, when long term cases were reassessed. New cases were assessed under the new scale from January 1st, 1962. No falling off in receipts resulted from its use during 1962, and it is simple and easy to operate. There have been no new cases of hardship where it was necessary to have a Committee ruling, the three cases already mentioned having been carried forward from the previous year.

The percentage of free cases has increased. The figure again reflects the accumulative increase in the number of elderly people of small means who are cared for. Under the new assessment all cases in receipt of National Assistance are free cases.

3. Staff

The following table shows the Home Help Staff employed at the end of each of the last 5 years:—

	1958	1959	1960	1961	1962
Full time—42 hours	6	8	6	5	6
Part-time—27, 24 and 20 hours ..	51	54	48	64	61
Part-time less than 20 hours ..	10	12	14	11	24
Totals	67	74	68	80	91

The staff of 6 full-time and 85 part-time Home Helps is equivalent to 50 full-time helps. The establishment is for the equivalent of 57 full-time Home Helps, a maximum of 12 of whom may be employed on a full-time basis.

Recruiting has been easier this year and as a result of our periodic advertisements, some good material has been found.

An interesting series of talks has been given to Home Helps during the year. Except for the visit to Rivermead Hospital they were held at 29/31 George Street. Each lecture was well advertised and every Home Help individually informed, but in spite of this the turn-out was usually disappointing. However, those who did attend (an average of 18 per session) were most enthusiastic and interested. The talks are held at either 2.30 or 6 p.m. The majority of part-time Home Helps work in the mornings only and no pressure can be brought to bear on staff to attend in their own time. With few exceptions they have husbands and families to care for, children to fetch from school, etc., and it is difficult for them to find time for training activities in the afternoon.

(f) HEALTH EDUCATION

Smoking and Health

The year was marked by the publication of the report of the Royal College of Physicians on smoking as a factor in the causation of cancer of the lung and other diseases. It clearly indicated the increased risk to health, particularly as regards the development of disabling bronchitis, and the increased risk of dying from lung cancer, and coronary heart disease, which results from smoking cigarettes. A man of 35 rightly considers that he has not reached the prime of life, and still has his most productive years before him. He certainly expects to be alive 10 years hence, and if he is a non-smoker there are 89 chances out of 90 that his expectation will be realised. If, however, he smokes 25 or more cigarettes a day, there is one chance in 23 that he will be dead. The heavy smoker has 1 chance in 9 of developing lung cancer in the course of his life, whereas the chance of the non-smoker doing so is so small that it was not possible to calculate it as a figure for the purpose of the report, although other sources give the chance as 1 in 300. In Oxford deaths from lung cancer run at a rate equivalent to rather more than one death a week, a figure which would cause a public outcry if it were applied to deaths from road accidents. None of these facts suggest that smoking cigarettes is the only cause of lung cancer, bronchitis and coronary disease, but it is an important factor.

To change such an established habit in the community as smoking is a Herculean task, but one which must be attempted. That knowledge of the risk, and realisation of the suffering produced can bring about such a change is indicated by the fact that only about half as many doctors smoke cigarettes as do other members of the community. In Oxford information has been disseminated in a variety of ways. Copies of the report, Smoking and Health, were sent to all general practitioners within the City, as were copies of leaflets and posters to be displayed in surgery waiting rooms. The same material was circulated to industrial medical officers for display within their factories. Posters and leaflets have been featured prominently at clinics, and posters have been on display at all City libraries.

At a time when publicity was at its height in the national press, managers of theatres, cinemas and large food stores were sent copies of the report and asked what their existing policy was with regard to smoking on their premises, and whether any change was contemplated. The replies were of some interest. Those places of entertainment which had always countenanced smoking in the auditorium felt it would adversely affect the numbers attending if smoking were prohibited, but a theatre where no smoking is permitted was satisfied that no one was dissuaded from attending because of the ban. Several food stores exhibit "No Smoking" notices in connection with food hygiene. The demand for notices of this type is increasing and their display is becoming almost a recognised

practice in large progressive food shops within the City, but several managers mentioned the difficulty of obtaining the public's co-operation. Although not aimed directly at the risk to personal health as opposed to community health, any such publicity can be regarded as helpful.

Propaganda in schools and youth clubs has taken the form of distribution of posters and leaflets. Copies of the booklet Smoking and Health were sent to each school. The Education Department was advised about the purchase of suitable sound filmstrips, and these have been added to the Visual Aids Library. The Health Department purchased the record "No Smoking", and this is available to anyone wishing to borrow it. It is hoped that its use will increase, and at the time of writing it is understood that the Education Department are considering buying further copies. This record is designed primarily for adult audiences, yet is clear and simple in its arguments. For both these reasons it is most suitable for use in schools. Children smoke to demonstrate their maturity, and they are therefore unlikely to be influenced favourably by any approach which overtly assumes their youth and immaturity. The type of health education material in connection with smoking which is generally available for this group leaves something to be desired. Posters need to be arresting, and to contain elements which will tend to change the image of the smoker to one which is unfavourable. Financial advantages of not smoking should be clearly and simply presented, and it is felt that the prospect of missing a continental holiday is a more immediate spur to stopping the habit in this age group than is the long distance risk to health. Visual aids designed to prevent smoking should follow the well recognised rule that they should never feature the act you are trying to prevent (unless the would-be smoker is made to look ridiculous and contemptible). It must be remembered when aids are being selected that the largest number of smokers are to be found amongst the less intelligent children, and that materials should be simple enough for their comprehension, and likely to catch their interest.

The wisdom of a campaign against smoking which is aimed largely at the young, and particularly school children, is questioned. Commercial advertisers no doubt realise that measures to induce young people to smoke are quite superfluous, although it may be worth while to try to attract them to a particular brand. The lure to smoke is held out every time characters in books, plays, films or television light up a cigarette; every time parents, relatives and teachers do so. The attitude of "not in front of the children" is positively unhelpful in dealing with the adolescent, and even the line that "I do it although I know it is bad for me and would stop if I could" carries a delightful aura of adult emancipation. Children will start smoking just so long as enough adults do so to make it appear that the cigarette is a symbol of a mature understanding.

General Health Education in Schools

The decision to appoint a Teacher/Advisor for Health Education in Schools has been welcomed, and we look forward to close co-operation with this new member of the Education Department staff. It is anticipated that an increase in the amount of health education in schools in a wide variety of subjects will result, and the subjects which spring to mind in addition to smoking and health, include dental health, footwear and sex education.

Parentcraft

An interesting development in the field of parentcraft teaching is planned to start in 1963. Antenatal patients of a partnership of general practitioners are to be encouraged to attend evening parentcraft classes, on occasions with their husbands, and the doctors of this partnership will themselves participate in the group instruction, along with the Health Visitor normally attached to their practice, and the domiciliary midwives whose districts coincide with the bulk of the practice patients. The classes will be held at Donnington Clinic. The same arrangements will operate for the supply of facilities, including teaching aids to the group, as for other parentcraft classes run under the auspices of the Local Authority. The participation of the general practitioner in group health education for his own cases would seem to be a most desirable arrangement. Much of the opposition to this type of instruction on the part of general practitioners has been due to the fear that their patients will be taught ideas and methods of which they personally do not approve, and which they do not follow in the treatment of their patients. We wish the new venture every success.

Attendance at other Local Authority parentcraft classes was as follows (figures in brackets are for 1961):—

	Number Registered	Total Attendances
Donnington	68 (52)	348 (287)
Bury Knowle	57 (48)	251 (220)
60 St. Aldates	8 (24)	23 (87)
	133 (124)	622 (594)

Only one course was held at 60 St. Aldates during the year because of lack of demand. The surrounding area is in the process of redevelopment, and there are few mothers having their first babies in the district at the present time. A course of evening parentcraft classes was attempted in Summertown, but these were not supported. There is some evidence to suggest that greater success would be met with in this area if these classes were combined with instruction in relaxation.

Accidents with Fireworks

Local figures for 1961 suggested that accidents with fireworks tend to occur from mid October up to Guy Fawkes night, and to affect children under the age of 12 and adults over the age of 50. It was felt that it would be worth a special effort to reduce these accidents, particularly in children. With this in view arrangements were made with the City Police that a circular letter signed by the Medical Officer of Health and the Chief Constable, should be sent out with every licence to sell fireworks, and that the licence itself should be boldly overstamped reminding retailers that it is an offence to sell fireworks to children aged under 13. Along with these were sent a colourful poster for display in shops reminding the public of the need to handle fireworks with care. We were pleased to see that many stores displayed the poster prominently, and some also put up notices reminding their customers that they could not sell children fireworks. During the week preceding 5th November, a slide was flashed on cinema screens during performances reminding parents of the necessity of adult supervision when fireworks are being handled. The ready co-operation of the cinema managers, who agreed to display the slide for us free of charge, was much appreciated. Posters with similar wording to the slide were sent to paediatric and casualty departments of local hospitals, and were exhibited at clinics.

It is difficult to assess the efficacy of a campaign such as this, but up to date we have been made aware of only one injury due to fireworks which was sufficiently serious to require hospital treatment in the relevant period. In 1961, 9 such cases received treatment at the Radcliffe Infirmary alone. Nation-wide propaganda on television and radio, and in the press plays a very big part in all accident prevention measures.

General Health Education

Work in other fields of Health Education has continued throughout the year, with talks in schools and to adult groups on a variety of subjects. Posters and leaflets have been widely distributed, and sound films and filmstrips have been popular. The medical departments of local factories were sent specimen copies of materials which it was thought might be of value in connexion with the health of persons at work. Posters stressing the dangers of broken glass were also sent to the Cleansing Department for display.

(g) RECUPERATIVE HOLIDAYS

Recuperative holidays were arranged for 24 persons, the same number as in 1961. Of these 7 were over the age of 65.

There are many persons, particularly pensioners, who would enjoy a holiday away from home, but cannot themselves afford to take one. Certain voluntary associations undertake to send people under these circumstances, but it is felt that for holidays arranged under Section 28 of the National Health Service Act there should be a history of ill health, and a prospect that health will be improved by a period away from home. Requests are not infrequently received in respect of persons aged over 75, and it is usually found more satisfactory to refer such applications to the Welfare Department with a view to arrangements being made for a short stay in an Old People's Home, where the organisation is geared to suit the needs of the elderly and frail.

The source of the recommendations for holidays were as follows:—

General Practitioners	21
Hospitals	3

Applicants were assessed for payment as follows:—

Persons making payment in full..	5
Persons making part payment	8
Persons making no payment	11

Travelling expenses for 8 persons were paid by the Council.
The total cost to the Council was £148 14*s.* 10*d.*

Applicants were received at the following homes:—

	Male	*Female*	*Children*
Aston Hall Disabled Centre, Plymouth ..	1	—	—
Bell Memorial Home, Lancing-on-Sea ..	2	12	—
Cavendish Nursing Home, Southsea ..	—	1	—
C.A. Homes, Bexhill and Weston-super-Mare	—	2	2
St. John's Convalescent Home, Weston Favell	—	3	—
Danehurst, Bognor Regis	1	—	—
	—	—	—
Total	4	18	2
	=	=	=

Reports by Dr. J. H. M. TILLEY,
M.B., Ch.B., D.P.H.,
Senior Assistant Medical Officer of Health.

(h) NURSING HOMES

At 31st December, 1962, the homes on the register were:—

	Beds available
Acland Nursing Home, 23/25 Banbury Road	44
St. John's Home, St. Mary's Road	68
St. Luke's Home, Linton Road	33

Re-registration of the Acland Nursing Home was necessary because the Charity Commissioners had approved a scheme whereby the Nuffield Nursing Homes Trust became Trustees of this Nursing Home, and the transfer took place on 19th November.

Six visits of inspection were made by members of staff to these registered premises.

The Nursing Homes Bill, if enacted, will treat Nursing Homes in the same way as the National Assistance Act, 1948, and the Mental Health Act, 1959, treat Homes for Old Persons and Mental Nursing Homes respectively. For example, regulations as to facilities and services will be laid down, although exact interpretation of these will be left to the Local Authority, who for the first time will have the power to institute proceedings on the grounds of breach of the regulations.

(i) DOMICILIARY OCCUPATIONAL THERAPY

The year began with a full staff, Miss Burns commencing duty on January 1st. At Easter Miss Darrell resigned to go to a Senior Post with Oxfordshire County Council. She took with her the good wishes of her colleagues and of the many patients treated by her during the past three years. In September Miss Williamson joined the service, as a part-time assistant, and became full-time in January, 1963.

The domiciliary list, excluding residents of Old People's Homes, numbered 117 patients. These had been referred by hospitals (62), family doctors (33), British Red Cross Society and Ministry of Pensions (11), and Public Health Department (11). In aggregate they were the patients of 43 family doctors, an indication that the service is appreciated throughout the City. An age classification showed that 46 belonged to what may be called the young chronic sick group (under 60 years), 42 to the retirement group (60—70 years) and 29 to the old persons group (over 70 years). The principle ailments were cardiac and respiratory diseases including tuberculosis (44), neurological disorders of whom more than half were cases of hemiplegia arising in adult life (39), orthopaedic conditions (31), and mental illness (11). Six patients suffered from two of these conditions, and one had three such handicaps.

The patients are visited in their own homes, on the first occasion by the Head Occupational Therapist. One afternoon visit per week is made to each of four Old People's Homes. In addition up to twelve patients are brought in the therapists' cars to the centre at the Woodstock Road Sheltered Workshop each Thursday afternoon, thus providing an opportunity for work on large pieces of equipment and for an occasional social afternoon with a guest speaker, slide show, etc.

This has been a year of considerable growth, as shown by sales through the Handicapped Retail Shop. These rose to £1,029, an increase of 50% on the previous year. This sum included almost £300 for 134 repair jobs and special orders, the latter varying from knitted mittens to the supply of a gross of lampshades to an Oxford College. There was considerable increase in the giving of advice and the provision of equipment to handicapped patients to assist in the "activities of daily living".

New patients referred have risen steeply from 74 for the five years 1951-55, to 127 for the quinquennium 1956-60, and 85 for the two years 1961-62. Success produces its own problems. For example a check showed 54 new patients accepted for the twelve months up to September, 1962, with only 19 removed from the register. This situation has been fully examined. The existing priority for younger patients will be maintained by periodic review of all cases on the register for five years or more, by the Head Occupational Therapist and the Assistant Medical Officer of Health.

In connection with the older patients, the normal work of the therapist tends to transform itself gradually into help which should be given by

others such as Health Visitors, Welfare Officers and visitors from Voluntary Societies. It is suggested that the future work at the Old People's Homes could be the responsibility of a craft instructress, stationed at the Red Barn and working in close liaison with the Occupational Therapists, though responsible to the Chief Welfare Services Officer.

The Annual Craft Competition was held at the Osler Hospital on the same day as a Fete organised by Alderman and Mrs. Bromley, who presented the prizes. Unfortunately very unkind weather confined the exhibition of work to indoors.

New information and ideas resulted from attendance at the following:—

(*a*) Association of Occupational Therapists. Course on work study, Oxford (Miss Gould).

(*b*) Paraplegics Olympic Games, Stoke Mandeville (Miss Gould and Miss Burns).

Finally, the year included a much appreciated visit from the Health Committee.

(j) CHIROPODY

The Council's scheme provides treatment for the elderly or physically handicapped. Many of these are able to attend Clinics held at nine Old People's Clubs under the auspices of the Oxford Council of Social Service. There the Local Authority has accepted responsibility for finance and medical supervision, on condition that non-members of the Clubs are not excluded. Those unable to walk to the nearest Club are offered transport to a special clinic at Marston Court Old People's Home. Domiciliary visits are made to a few housebound persons. There is a nominal charge of 2/6 per treatment wherever this is carried out.

Many very old people now live in the City's Old People's Homes and receive free chiropody from the Local Authority chiropodist.

	1961			1962		
Place of treatment	*patients*	*treat-ments*	*sessions*	*patients*	*treat-ments*	*sessions*
Old Peoples Clubs	332	1,047	189	369	1,278	247
Marston Court (Transport session)	80	268	48	69	234	44
Patient's residence	17	36	—	20	75	—
Old Peoples Homes	210*	1,600*	200*	179	1,039	173

*Estimated

Work at the Old People's Homes shows a decrease due mainly to the absence on sick leave of Miss Singleton, the Local Authority chiropodist. Fortunately willing help was given by private chiropodists, and Miss Singleton made a very early return to duty after breaking her arm. Prior to the accident repeated unsuccessful advertisements had been made for a second part-time chiropodist to cover Miss Singleton for sickness and holiday leave, and to share the increasing load as new Homes are opened.

There has been a slight increase in domiciliary treatment related to new cases accepted the previous year. All requests for domiciliary or transport clinic care are scrutinised by the Senior Assistant Medical Officer of Health for Welfare.

By the end of 1963 the title "State Registered Chiropodist" will be restricted to persons whose names appear on a Register under the Professions Supplementary to Medicine Act, 1960. This will not necessarily add to the number of chiropodists, which is dependent on conditions of employment and size of training schemes. Meanwhile the City service is still limited by the shortage of chiropodists and the rival claims of private practice.

(k) THE OXFORD AID IN SICKNESS CHARITIES: INCLUDING THE DOMICILIARY PHYSIOTHERAPY SERVICE

The Medical Officer of Health is represented on the Committee of this Charity, which provides aid under three main headings:—

1. Domiciliary Physiotherapy Service

One full-time and one part-time Physiotherapist travel by car and van to give home treatment to patients whose means do not allow them to engage a private Physiotherapist. Introduction is through the family doctor by application form to the Senior Physiotherapist (Miss I. M. Gray, Domiciliary Physiotherapy Service, c/o Department of Physical Medicine, Radcliffe Infirmary), who can also be reached by telephone in urgent cases. The patient is asked to make a voluntary contribution towards the cost of treatment, unless this is fully met by the National Health Service in the case of patients referred from the Department of Physical Medicine, Radcliffe Infirmary, or by the British Hospitals Provident Fund in the case of patients covered by this scheme.

Priority in treatment is given to acute conditions such as non-tuberculous chest disease, recent hemiplegia, and low back strain, in order to relieve pain, to secure rapid return to work of house-wives or wage-earners, and to prevent residual disability.

In the twelve months ending 31st December, 1962, 1,441 treatments (264 of them free) were given to 78 patients (18 of them treated free).

2. The Lying-in Charity

Two grants were made in the year in the form of food, fuel and baby napkins. Urgent applications by the Non-Medical Supervisor of Midwives are approved by the Medical Officer of Health who then informs the charity.

3. Other Charitable grants from the general fund

These were made to two families. Since the implementation of the National Assistance Act these grants, like those under the Lying-in Charity, are not frequent, but extremely welcome where, owing to urgency, the embarrassing nature of the disease, or other personal factors, relief by statutory bodies is slow or uncertain. In emergencies grants are made subject only to the approval of the Chairman and Secretary. Following on each grant, representations were made to the National Assistance Board, who were able to give further relief.

SECTION IV

INFECTIOUS DISEASES

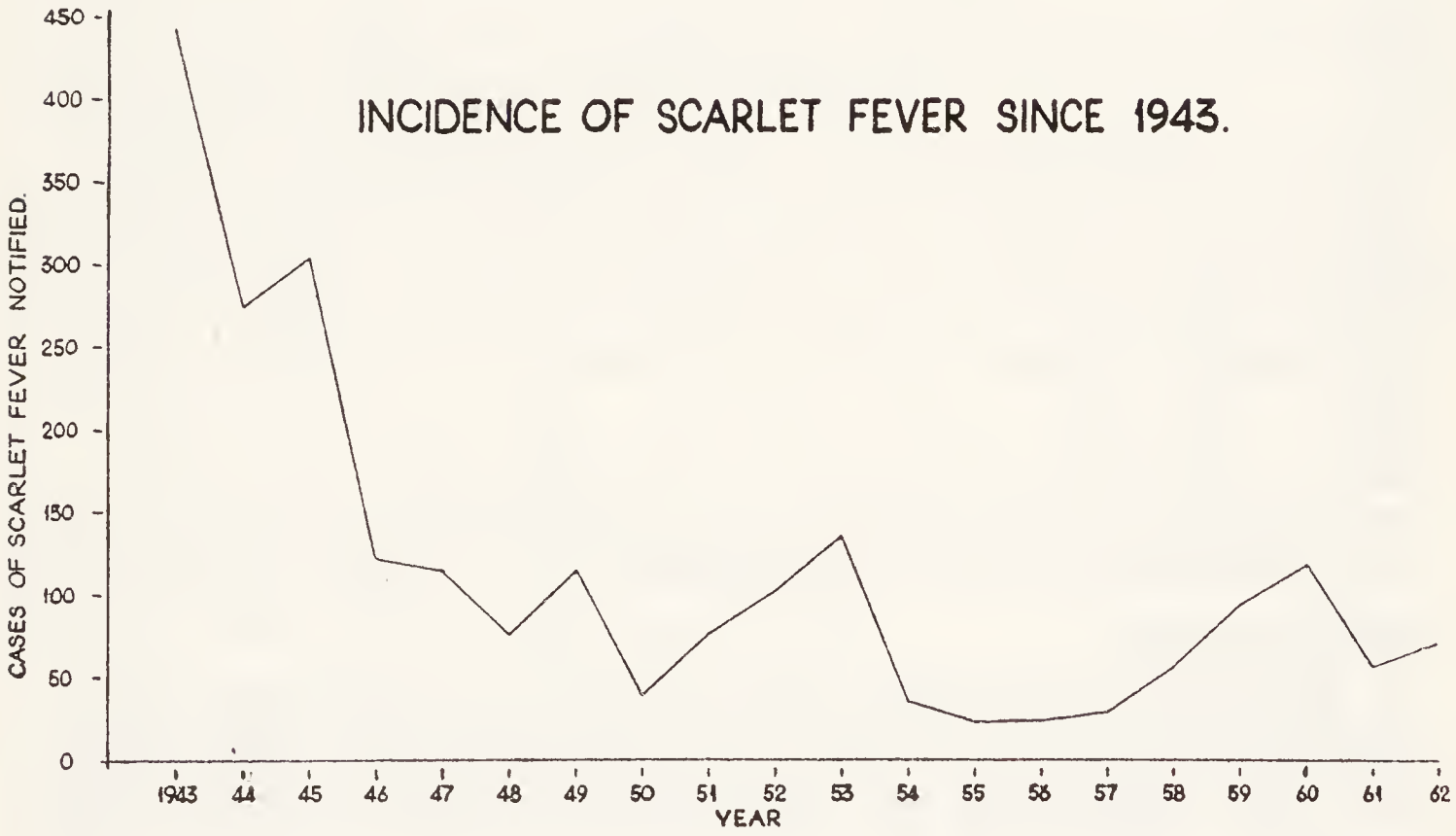
Report by G. F. Willson, M.D., D.P.H.,
Deputy Medical Officer of Health

(a) EPIDEMIOLOGY

Scarlet Fever

70 cases were notified during the year, 32% of them in October. The greatest concentration of cases (over 80% of the total) was in Cowley and Iffley Ward, which also produced 7 of the 8 cases of the other notifiable streptococcal disease, erysipelas.

The following graph shows the changing incidence of scarlet fever during the past 20 years.



Diphtheria

For the thirteenth successive year, no case of diphtheria occurred.

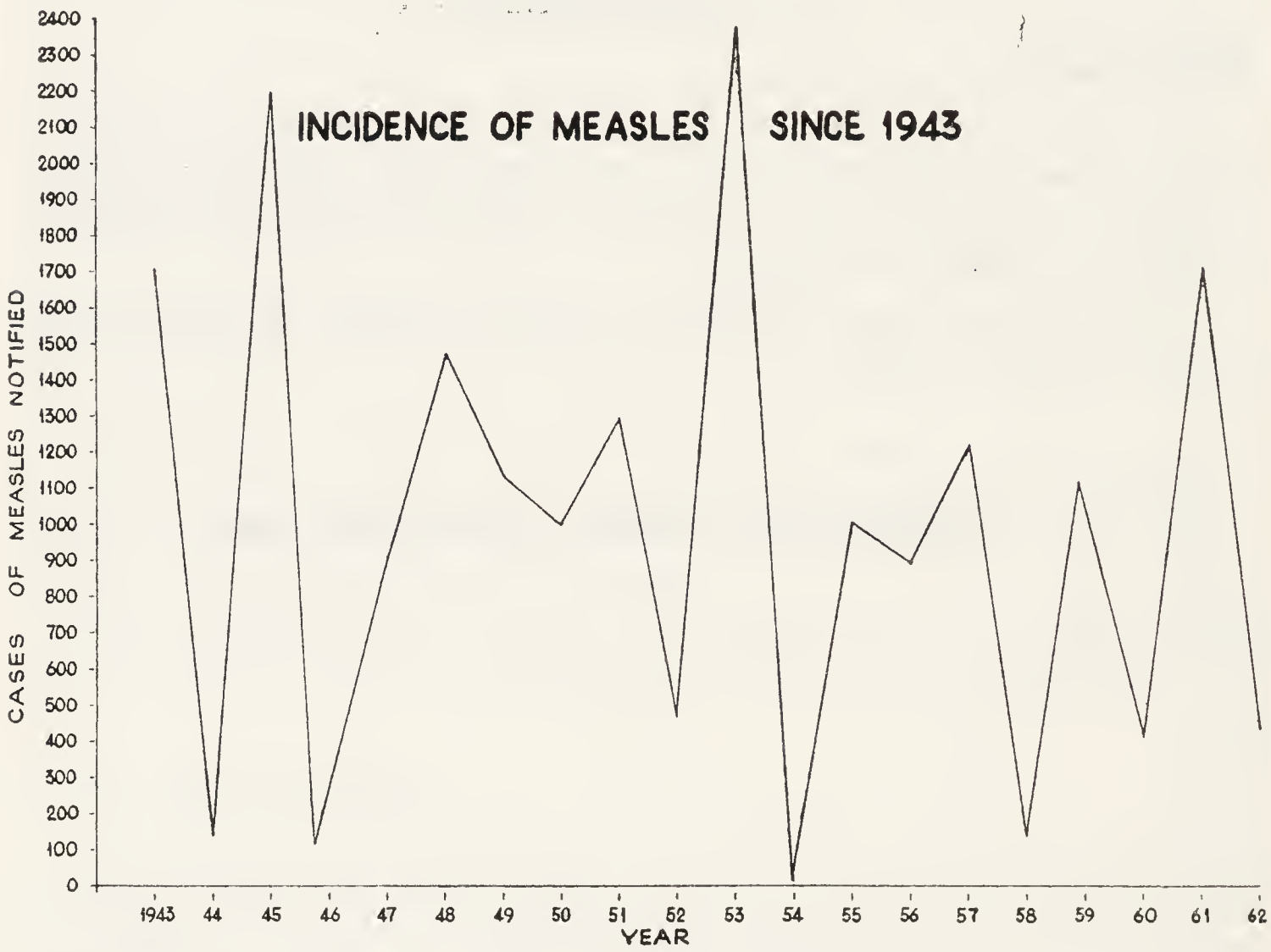
Typhoid and Paratyphoid Fevers

There was one case of infection with Salmonella typhi. The woman concerned, formerly resident in Iraq, developed symptoms 18 days after arriving in this country and was found to be excreting the organism in the faeces. Investigation of contacts was negative.

Measles

Up to the end of October, only 89 cases were notified, but epidemic spread commenced in November and by the end of the year 429 cases had occurred, over half of them in Cowley and Iffley Ward. The epidemic continued into the present year and a further 450 cases had been notified by the end of February, 1963.

The following graph shows the changing incidence of measles during the past 20 years.



Whooping Cough

Only 2 cases were notified during the year, a remarkable record which brings the yearly average number of cases for the past five years down to 40. Only a decade ago the yearly average for five consecutive years was 582.

Poliomyelitis

No case of poliomyelitis was notified during the year. This means that there has been a total of only 2 cases during the past five years.

Bacillary Dysentery

Only 20 cases were notified, the smallest number since 1949. Of 2 cases of infection with Shigella flexneri, one had been contracted in Spain, while the source of infection of the other case (a coloured African baby) could not be determined.

The 18 cases of infection with Shigella sonnei were spread throughout the year and consisted of 6 adults and 12 children. Isolated cases were reported from 8 different schools.

Food Poisoning

The number of food poisoning notifications was 13.

The following organisms were isolated from notified cases:—

Salmonella typhi-murium	9
,, heidelberg	2
,, enteritidis	1
,, oranienburg	1

In addition, there was one presumptive case of Salmonella typhi-murium infection in a household with 2 proved cases and another person in this house was found to be a symptomless excretor.

7 of the notifications occurred in July and August, the remainder being scattered throughout the rest of the year.

One of the cases of infection with Salmonella heidelberg was interesting in that the patient had, during the significant period, eaten the same food as his family except on one occasion when, while in Bournemouth, he ate a pork pie. It was found that other cases of infection with this organism had followed the consumption of pies made by the local firm concerned.

In one case, Salmonella typhi-murium infection appeared to have been contracted in the U.S.S.R. and in another, Greece appeared to be the country of origin. In the other cases, it was not possible to decide where or when infection had been acquired.

The single case of Salmonella oranienburg infection occurred in an old lady who had had no meals outside her home during the significant period. There had been no other cases in the Oxford region for a considerable time and the origin of infection remains unknown.

Annual Return of Food Poisoning

The following information is compiled on a prescribed form at the request of the Ministry of Health:

1.	Number of food poisoning notifications received ..	13
	Number of cases otherwise ascertained	—
	Number of symptomless excretors	1
	Fatal cases	—

2. Particulars of outbreaks

Agent	No. of Outbreaks		No. of cases		Total No. of cases
	Family outbreaks	Other outbreaks	Notified	Otherwise ascertained	
Agent identified:					
(*a*) Chemical poisons	—	—	—	—	—
(*b*) Salmonella typhi-murium ..	1	—	2	—	2
(*c*) Staphylococci (including toxin)	—	—	—	—	—
(*d*) Cl. botulinum ..	—	—	—	—	—
(*e*) Cl. welchii ..	—	—	—	—	—
(*f*) Other bacteria ..	—	—	—	—	—
Totals ..	1	—	2	—	2
Agent not identified	—	—	—	—	—

3. Single cases

Agent	No. of cases		Total No. of cases
	Notified	Otherwise ascertained	
Agent identified:			
(*a*) Chemical poisons	—	—	—
(*b*) Salmonella			
enteriditis	1	—	1
heidelberg	2	—	2
oranienburg	1	—	1
typhi-murium	7	—	7
(*c*) Staphylococci (including toxin) ..	—	—	—
(*d*) Cl. botulinum	—	—	—
(*e*) Cl. welchii	—	—	—
(*f*) Other bacteria	—	—	—
Totals	11	—	11
Agent not identified	—	—	—

4. Salmonella infections, not food-borne

Salmonella (type)	Outbreaks		No. of cases (outbreaks)	Single cases	Total No. of cases (outbreaks and single cases)
	Family	Other			
	—	—	—	—	—
Totals	—	—	—	—	—

NOTIFIABLE INFECTIOUS DISEASES SINCE 1943

DISEASE	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	444	275	304	122	115	76	115	39	76	102	136	35	23	24	29	56	94	118	56	70
Erysipelas ...	39	42	32	19	22	25	33	24	15	18	20	21	16	1	10	10	8	13	17	8
Puerperal Pyrexia ...	95	96	73	72	53	49	77	53	64	126	117	105	149	116	93	100	47	47	41	26
Ophthalmia neonatorum	20	9	7	16	36	59	83	18	13	18	47	47	37	64	65	50	14	18	18	4
Pemphigus neonatorum	—	—	2	10	15	17	9	2	3	1	2	—	1	—	1	—	1	2	2	—
Diphtheria ...	14	11	—	5	14	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	1695	136	2199	114	904	1472	1141	986	1294	461	2376	13	1001	888	1220	139	1117	409	1711	429
Whooping Cough ...	599	575	244	178	772	573	240	586	741	71	367	302	90	29	213	23	40	55	80	2
Pneumonia ...	109	57	97	87	79	60	76	79	96	64	91	71	81	65	71	51	56	22	34	22
Poliomyelitis— Paralytic	1	7	3	1	22	9	19	7	4	4	6	2	13	1	6	1	—	—	1	—
Poliomyelitis— Non-paralytic								1	—	—	—	—	3	1	—	—	—	—	—	—
Acute Encephalitis— Infective ...	—	—	—	—	—	—	—	1	1	—	1	1	—	—	—	—	—	—	—	—
Acute Encephalitis— Post-infectious	—	—	—	—	—	—	—	—	1	—	—	—	—	4	—	—	—	—	1	—
Meningococcal infection	12	5	2	5	13	4	2	—	4	2	5	3	6	—	2	3	2	2	3	—
Typhoid Fever	2	—	—	—	—	1	—	2	—	—	—	—	1	1	—	—	1	—	—	1
Paratyphoid	—	—	1	—	7	1	—	2	—	—	—	2	2	—	—	—	2	2	1	—
Bacillary Dysentery	44	28	171	9	13	26	16	30	255	68	79	233	66	526	127	28	90	125	101	20
Amoebic Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Food Poisoning	—	—	42	3	9	13	27	10	21	40	25	37	119	154	21	72	26	23	6	13
Malaria	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITALS

	Radcliffe Infirmary	Churchill Hospital	Slade Hospital
Scarlet Fever	—	—	1
Erysipelas	—	—	1
Puerperal pyrexia	26	—	—
Ophthalmia neonatorum ..	3	1	—
Measles	—	—	2
Pneumonia	—	—	3
Typhoid Fever	—	—	1
Bacillary Dysentery	1	—	2
Food Poisoning	1	—	4
	31	1	14

AGE AND WARD OF ALL NOTIFIED INFECTIOUS DISEASES IN 1962

NOTIFIABLE DISEASES	CASES NOTIFIED IN WHOLE DISTRICT AGES IN YEARS													TOTAL NUMBER OF CASES IN EACH WARD						
	At all ages	Under 1 yr.	1–	2–	3–	4–	5–	10–	15–	20–	35–	45–	65–	S'town & W'ver-cote	North	West	South	East	Head ington & M'ston	Cowley & Iffley
Scarlet Fever	70	—	2	9	10	9	32	5	2	1	—	—	—	—	1	1	1	1	9	57
Erysipelas	8	1	—	—	—	—	1	—	—	3	—	3	—	—	—	—	—	1	—	7
Puerperal pyrexia ..	26	—	—	—	—	—	—	—	2	22	2	—	—	—	26	—	—	—	—	—
Ophthalmia neonatorum	4	4	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	1	—
Measles	429	14	28	44	41	54	199	40	4	2	1	2	—	12	52	16	17	43	48	241
Whooping Cough ..	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Pneumonia	22	—	—	—	1	1	2	—	1	3	3	4	7	3	2	5	1	2	3	6
Typhoid Fever ..	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1
Bacillary Dysentery ..	20	1	—	2	4	1	4	1	—	6	—	1	—	3	2	1	—	8	3	3
Food Poisoning ..	13	—	1	—	—	—	1	—	3	5	—	2	1	2	2	—	2	3	1	3
	595	21	32	55	56	65	239	46	12	43	6	12	8	20	88	23	21	58	66	319

(b) THE SLADE HOSPITAL. Infectious Diseases Department

The arrangement by which the Medical Officer of Health, with the assistance of his Deputy, is responsible to the Board of Governors of the United Oxford Hospitals for the clinical control of the infectious diseases patients at the Slade Hospital has continued to be of the greatest value to all concerned.

Dr. A. G. Ironside, M.B., Ch.B., M.R.C.P., continued as Resident Medical Officer throughout the year, and the following report prepared by him is included by reason of the fact that the infectious diseases patients at the Slade Hospital are so very closely connected with the epidemiological work of the Health Department.

"There were 421 admissions to the Infectious Disease Department of the Slade Hospital during 1962. The number of admissions has been between 400 and 500 during the last ten years, and, although the numbers have remained average this year, the work has been lighter due to a drop in admissions of diseases such as gastro-enteritis.

During the year, work continued on the alterations arising from the Slade/Osler scheme. This was completed in February, 1963, and in the new distribution of beds, infectious diseases are accommodated in Cubicle II and Williams Wards, giving a total of 25 beds, of which 23 are single rooms. The provision of a high percentage of single cubicles is essential nowadays because of the wide variety of disease admitted to Infectious Disease Departments.

There were 9 deaths during the year, but only one of these was primarily due to an infectious disease. This one unfortunate case was due to whooping cough and convulsions in a child of nine months. The other deaths were all in people over sixty. The largest single cause was cancer, accounting for 4 deaths. There were 2 deaths from heart disease, and the remaining 2 were associated with advanced old age.

The commonest cause of admission was again non-specific gastro-enteritis. This is, of course, only a label, which is convenient to use to describe cases acutely ill with vomiting, diarrhoea and fever, and is not likely to be a single true disease entity. There were 48 cases admitted under this category, 24 being in infants under two years, and 24 in adults and older children.

Among the 24 cases of gastro-enteritis of infants, there was a high incidence of complications. Six showed signs of severe dehydration. Two were complicated by broncho-pneumonia, two by bronchitis, five by otitis media and two by convulsions. Three of these infants were found to be anaemic. In only one of the 24 cases was an agglutinable type of E. coli found. At one time this was thought to be a major cause of this disease, but certainly in recent years in Oxford only a small minority of cases admitted to hospital here have shown this. There were no deaths, and the dehydrated cases all responded rapidly to the new routine procedure of frequent graduated oral saline feeds, and did not require intra-

venous therapy. Among the 24 adult cases, 6 were complicated by severe general medical conditions and one of these, a very old lady, died. As usually happens, several cases of diverse medical conditions were admitted as possible cases of gastro-enteritis. Among these there were several cases of cancer of the bowel, appendicitis and ulcerative colitis.

The pneumonias accounted for 41 admissions. Lobar pneumonia, still a relatively common disease, accounted for 17, several of which were complicated by such conditions as bronchiectasis, empyema, yaws, and diabetes. In one case, the pneumonia proved to be due to Q fever, a rare ricketsial infection, known to be present in the Thames Valley and carried by animals.

There were 9 cases of broncho-pneumonia in infancy, 3 of which were complicated by gastro-enteritis. It is often impossible to tell whether the gastro-enteritis or the pneumonia is the primary condition, or whether, as seems more likely, both are manifestations of the same generalised infection, but the combination does make for one of the most tricky situations to handle. The other cases were mostly of the broncho-pneumonia type, often complicating chronic bronchitis. Several of these were further complicated by heart failure, and one old man died of the condition.

In the earlier part of the year, there was a widespread epidemic of Rubella in the district, and this caused 36 admissions. This is a very mild disease, and the reasons for admission were almost entirely social. Most of the cases were undergraduates living in college, or nursing staff from the local hospitals. Several cases showed a mild polyarthritis following the acute stage of the illness. Fortunately no cases among women in early pregnancy were admitted.

Glandular fever remains a common cause of admission, mostly in young adults, and caused 24 admissions. This infection has been smouldering among the Oxford colleges for many years. While not in any way a dangerous disease, it often runs a protracted and unpleasant course, and is the cause of a good deal of lost study time.

Of the 22 cases of tonsillitis admitted, 3 were complicated by quinsy, one by convulsions and one by diabetes.

There were 22 cases of chickenpox, social reasons playing a large part in the need for admission. One was admitted because of coincident cleaning fluid poisoning, one was complicated by appendicitis, and one by pneumonia and pleural effusion.

Of the 18 cases of meningitis admitted, 15 were of the virus type. With the first class virology facilities now available under Dr. F. O. MacCallum in Oxford, it was possible to investigate these cases further and it was found that the majority of the cases were due to the ECHO 6 type of virus, although 2 were due to mumps virus. Two of the cases of bacterial meningitis were due to Haemophilus Influenza and one to the meningococcus, all recovered.

There were 12 cases of infective hepatitis, 3 of which were severe

prolonged and relapsing cases, taking many weeks to make a satisfactory recovery. Since this disease is not notifiable, the incidence is not known accurately, but the number of admissions over the last twelve years, broken into three year periods, shows a recent increase.

1951-53	17 cases
1954-56	32 ,,
1957-59	26 ,,
1960-62	51 ,,

There were 11 cases of Salmonella enteritis. One of these was in a young infant, one in a pregnant woman, and one complicated appendicitis. One undergraduate infected with Salmonella Bredney gave a good example of the detective work carried out by the Salmonella Reference Laboratory, as the infection was traced back to a single meal eaten in a Chinese restaurant in a Northern city.

At the end of the year, cases of measles began to appear and there were 9 admissions. One of these, a child of five years, was a severe case of encephalitis, who is now slowly recovering, but will probably have permanent mental after-effects. Two other cases were complicated by convulsions, one by pneumonia, and one by uncontrolled nose bleeding. A national survey is being carried out in the current year to determine the total damage done by measles, with a view to finding if active immunisation is worthwhile. Several small trials using an attenuated living vaccine have been carried out in various countries. Although the vaccine was effective, it was not felt that the virus was sufficiently attenuated, as most of those treated had a sharp reaction, similar to an attack of measles. In one series in children, a high rate of convulsions was recorded and this may be a sign that this vaccine is not entirely free from neurological side effects. It would be very important that a potential vaccine should be free from these effects.

Among the 9 cases of Sonne dysentery admitted, one was complicated by convulsions.

There were 8 cases of whooping cough admitted. One of these, a child of nine months, was admitted in a moribund condition with repeated convulsions and died a few hours later without regaining consciousness. Three of the others, in babies aged four weeks, six weeks and nine weeks, were at times gravely ill, with repeated attacks of cyanosis complicating their paroxysms, but all recovered. In two older children, aged three years and five years, the disease was complicated by broncho-pneumonia.

No case of poliomyelitis was admitted during the year, a triumph for the vaccination programme, which gives considerable satisfaction to those who have hitherto had to watch helplessly the sad procession of children permanently crippled by this disease. The following table giving the number of cases admitted from the time of the big epidemic in 1947

demonstrates the decline in incidence following the introduction of large-scale vaccination in 1958:—

Year	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62
Cases	94	16	33	42	22	21	26	6	41	12	22	14	2	1	4	—

One case of classical typhoid fever was admitted during the year, a young woman who had just arrived from Baghdad. One case of paratyphoid "A" fever was also treated.

Summary of Admissions to the Infectious Diseases Wards at the Slade Hospital during 1962

	Admissions	*Deaths*
Pneumonia	41	2
Rubella	36	—
Glandular Fever	24	—
Gastro-enteritis of Infancy	24	—
Gastro-enteritis of Adults	24	—
Tonsillitis	22	—
Virus Meningitis	15	—
Infective Hepatitis	12	—
Upper Respiratory Infection	12	—
Salmonellosis	11	—
Measles	9	—
Dysentery	9	—
Whooping Cough	8	1
Urinary Tract Infections	8	—
Herpes Zoster	7	—
Staphylococcal Infections	5	—
Drug Eruptions	5	—
Ulcerative Stomatitis	4	—

There were 3 cases of:—

scarlet fever, cancer of the colon, hysteria, tertian malaria, and pyrexia of uncertain origin.

There were 2 cases of:—

septic arthritis, appendicitis, pulmonary tuberculosis, generalised vaccinia, pityriasis rosea, parotid swellings, epilepsy, gonorrhoea, diverticulitis, ulcerative colitis, baby feeding problems, and paralytic polyneuritis.

There were single cases of:—

acute leukaemia, vaccination reaction, cellulitis of face, Ludwig's angina, otitis media, pilonidal abscess, rheumatic fever, Stevens Johnston syndrome, erythema nodosum, sarcoidosis, encephalitis,

benign myalgic encephalitis, cholecystitis, fibrocystic disease of pancreas, winter vomiting disease, lambliasis, Feidler's myocarditis (died), cervical spondylosis, Henoch Schonlein purpura, Q fever, paralytic ileus, spontaneous hypoglycaemia, and pulmonary embolism.

There were 18 non-infectious cases admitted, of whom 5 died; and 9 healthy lodgers, all being babies or young children, accompanied sick mothers."

(c) TUBERCULOSIS

The staff engaged in carrying out the duties of the Local Health Authority with regard to Tuberculosis under Section 28 of the National Health Service Act, 1946, are as follows:—

	Proportion of whole-time
Dr. F. Ridehalgh, Consultant Chest Physician to the United Oxford Hospitals	3/11ths
Mrs. D. Hicks, Almoner, Chest Clinic	3/11ths
Mrs. I. Eagle and Miss G. M. Lawrence, Tuberculosis Health Visitors	Whole-time
1 Clerk	3/11ths

TABLE A

New Cases and Mortality during 1962

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0— ...	—	—	—	—	—	—	—	—
1— ...	—	—	—	—	—	—	—	—
2—4 ...	2	1	—	—	—	—	—	—
5—9 ...	—	—	—	—	—	—	—	—
10—14 ...	—	1	—	—	—	—	—	—
15—19 ...	—	2	—	1	—	—	—	1
20—24 ...	5	3	—	—	—	—	—	—
25—34 ...	12	5	1	2	—	—	—	—
35—44 ...	11	2	—	—	—	—	—	—
45—54 ...	10	1	—	—	—	—	—	—
55—64 ...	3	1	—	—	—	—	—	—
65 and over ...	10	2	—	1	3	—	—	—
Totals ...	53	18	1	4	3	—	—	1

TABLE B

Progress of Notification

Year	Pulmonary	Non-Pulmonary	Total
1943	103	46	149
1944	129	29	158
1945	120	34	154
1946	140	32	172
1947	144	27	171
1948	148	25	173
1949	180	18	198
1950	113	11	124
1951	85	4	89
1952	74	10	84
1953	101	18	119
1954	116	15	131
1955	110	22	132
1956	94	11	105
1957	84	8	92
1958	63	7	70
1959	66	11	77
1960	75	10	85
1961	53	7	60
1962	71	5	76

Dr. F. Ridehalgh reports as follows:—

Tuberculosis in Oxford went up by 27% in 1962. Total notifications were 76 as compared with 60 in 1961. Of the 76 cases all but 5 were respiratory: all but 3 of the respiratory cases were in adults. The figure of 71 cases of active respiratory tuberculosis is the highest since 1960 and the average figure for the quinquennium 1957-61 was 68 respiratory cases a year.

There was no unusual case finding effort during 1962 to account for the rise in new cases. No change occurred in the standard of notification. All the cases notified were suffering from active disease requiring treatment. In addition to the notified cases there is every year a substantial number of minor cases. These come mainly from routine and pre-employment X-rays. The decision that they require only observation is made only after full investigation and such cases do not swell the notification returns.

It is of course axiomatic that too much emphasis should not be given to minor fluctuations in annual returns, and a swing upwards might well be expected after the record low figure of 1961. When that is said, however, the fact remains that this year there is an increase of more than one quarter.

The new cases of lung tuberculosis occurred mostly in men, who contributed 51 of the 68 new adult cases. Whilst 10 of these were in men over 65, 28 were in men under 45 and 17 in men under 35. The female cases were predominantly in the younger age groups, 11 out of 18 being at ages under 35.

None of these cases presented any special clinical problem of control. The majority of them are in fact already well controlled and have returned to normal life and work. There were some problems of rehabilitation in a number of homeless or semi-nomadic men, and the problem of residual respiratory crippling in the older patients is not solved.

The ethnic distribution of the respiratory cases is of some importance. This was as follows:—

Native born	47
Indian and Pakistani	9
Irish	3
West Indian	3
African, Chinese, German, Hungarian, Italian (1 each)	5
	67

The African, Chinese and German cases occurred in post-graduates working in the University. There are unfortunately no reliable population figures of Indians, Pakistanis or West Indian immigrants living in the city; one can perhaps guess at a figure somewhere between 1,000 and 2,000 divided more or less equally between Asians and West Indians. If that hypothesis is accepted, then the morbidity figures come to resemble pretty closely those found in such cities as Bradford and Birmingham. The experience there has been that whilst West Indian morbidity is little different from that of the general population, Indian and Pakistani morbidity is many times greater.

It is not necessary to assume that immigrants bring all their tuberculosis with them. In many cases infection undoubtedly occurs in this country. If this new infection were being acquired from English sources, it might be expected to affect West Indians at least as much as Asians. There is, however, a fundamental difference in living standards. West Indians, although often crowded into single rooms per family, do in fact live as families, have their women folk to look after and feed them, and spend their wages here.

Indians and Pakistanis are nearly all men, they have specific dietary restrictions, they fend for themselves and they maintain families in their own country. Many of them sleep 4 or 5 to a room and 20 to a house. Only one open case is needed to start the cycle of infection.

I am satisfied that local doctors are fully aware of the importance of discovering every disseminator of tuberculosis. I ask them to pay special attention to this question in immigrants. The provision for medical examination in the Immigrants Act are inadequate and do not appear to be used at all. I suggest that every immigrant should have a chest X-ray on acceptance for a doctor's list and at any time when suggestive

symptoms appear. I would also be glad to know that the powers of inspection and control of overcrowding now available are being fully used by the Local Authority.

Deaths

There were 13 deaths of persons on the Tuberculosis Register. In 4 of these tuberculosis was revealed only at autopsy of which 1 pulmonary case was reported as active. Full contact investigation was done in all these cases. 1 death from meningitis occurred in a young woman brought in from abroad for treatment.

One chronic alcoholic with advanced cirrhosis had a terminal reactivation of his tuberculosis together with a staphylococcal infection. There were 3 cases of fatal acute respiratory illness and respiratory cripples with arrested tuberculosis. In the remaining 5 cases the cause of death was unrelated to the tuberculosis.

Prevention and Social Welfare

The co-ordination of clinical, socio-medical and environmental care has been maintained as in the past. B.C.G. vaccination was given to 200 contacts. The trend in contact investigation has been to spread the net even wider in relation to social and work contacts.

In paying my annual tribute of thanks to all my staff there is one item which deserved special mention.

A group composed mainly of former patients organised a Fete at the Osler Hospital in aid of the City and County Care Committees. This was held at the Osler in May, on a day of gales, blizzards and biting winds which failed absolutely to damp the energy and high spirits of all concerned. A total of £300 was divided between the Care Committees. The financial success is impressive in itself; even more impressive are the devotion and splendid spirit shown by all concerned in the organisation. The National Health Service comes in for a good many hard words. The Osler Fete shows that at least it produces some very grateful patients, and in this branch of work some remarkable successes.

Mrs. D. Hicks, Almoner, reports:—

Many of the patients seen in the Almoner's Department of the Chest Clinic in 1962 presented similar problems to those encountered in earlier years; a number of these patients have been ill on and off for a very long period and need both material aid, and the chance to discuss their difficulties and gain support in coping with a severely restricted life. Among these long term patients are both those with tuberculosis and those with bronchitis and other chronic chest diseases. For every six notified tuberculous patients the Almoners see, there will be about four with other chest illnesses, a gradually changing proportion.

Needless to say the very severe winter has imposed added strain on households where there is long term illness, and grants for fuel have been more than ever necessary. In this and other ways the Care Committee have continued to give material support to our work, a number of holidays have been financed and pressing debts been relieved. Of the forty cases helped by the Committee during 1962, only ten had recently encountered tuberculosis for the first time, and the help that they needed was only for a comparatively brief period, while effective and rapid treatment did its work.

It is a great step forward that the Care Committee is considering extending its functions to meet the needs of patients with other chest illnesses, particularly bronchitis. During the last ten years the number of requests for tuberculous patients has dropped by nearly half and the very similar needs of the patients with other chest illnesses have been hard to meet from other sources.

Problems of employment do not seem to loom very large this year, as so many patients are able to return to their previous jobs; with those that have needed help, the Disablement Resettlement Officer has always come to our aid.

The National Assistance Board have co-operated with us on many cases, their help is often needed by the immigrants, who fall sick and who seldom have full Insurance rights owing to a short working life and domicile in this country. Language barriers make it difficult to give the supportive help that one normally does in social work to these patients.

The provision of free milk financed by the Health Department continues to be a great help to the lean budget of many of our long term patients.

Social work in the Chest Clinic always has been and still remains a very rewarding field of work. Within the Clinic the Case Conference acts as an excellent focus for the varying approach but common aim of doctors, Health Visitors, Almoners and Occupational Therapists and the co-operation achieved here must be an indirect gain for the patients in the total management of chest illness.

Work of attached health visitors

The two tuberculosis health visitors undertook 2,545 effective visits, and on a further 400 occasions failed to gain access. The work done includes the follow-up of tuberculous patients and their contacts, and visits to patients suffering from other forms of respiratory disease at the request of the physicians. Apart from this aspect of their work the health visitors attended 174 sessions at the chest clinic.

(d) VENEREAL DISEASES

In connection with Section 28 of the National Health Service Act, 1946, relating to the prevention of illness and after-care, the City Council accepts responsibility for 2/11ths of the salary of a hospital almoner who spends about a quarter of her time on venereal diseases work.

The following table summarises the work of the clinic held at the Radcliffe Infirmary for 1962 and compares this year with the three previous years. It should be noted that the figures given in this table includes patients from the wide area around Oxford served by the Radcliffe treatment centre:—

New Patients suffering from:	1962		1961		1960		1959	
	Male	Female	Male	Female	Male	Female	Male	Female
Syphilis, primary ..	—	—	1	—	—	—	7	1
Syphilis, secondary	1	—	—	—	3	—	—	1
Syphilis, cardio-vascular	—	—	—	—	1	—	1	—
Syphilis of the nervous system	—	—	1	—	1	—	4	—
Syphilis, latent ..	13	11	2	4	4	5	7	1
Syphilis, congenital..	1	1	—	—	—	—	—	1
Total	15	12	4	4	9	5	19	4
Gonorrhoea ..	187	37	136	28	109	24	117	31
Other Conditions ..	276	70	213	84	218	79	208	84
Undiagnosed ..	5	9	9	9	7	8	6	4
Total new patients ...	483	128	362	125	343	116	350	123
Total attendances ..	1652	574	1246	506	1225	528	1255	594

Dr. P. Mallam reports:

"The figures given by the Lady Almoner set out the general position. There can be no question but that the non-European attendances form a very high percentage of male patients. Not only would it appear that they contract Gonorrhoea on the average far more frequently in proportion to their numbers, than do the British population, but their social irresponsibility makes it not uncommon for many of them, and in particular West Indians, to become reinfected while they are still under treatment for a previous infection.

Basically it would appear that their troubles are due to social conditions and lack of stable family life and their high libido, in the course of satisfying which they take no prophylaxis against infection. It would seem that something in the way of educational approach and instruction in precautions and personal hygiene might, to some extent at least, mitigate this troublesome state of affairs.

Another problem that arises with patients of this group is the frequency with which one finds positive serological reactions. On the history

it is very often difficult to determine if they have ever suffered from Yaws and whether it is likely that they have ever contracted syphilis. Information from London suggests that all positive serological cases are there treated on the presumption that the blood findings are due to a syphilitic infection. Our practice at present is to treat males as such when there seems to be reasonable doubt; but when yaws seems to be a probability and syphilis unlikely, only to do repeated serological tests from time to time. To give a man a full course of 10 days' treatment which may entail him being away from work does not appear justified if one is going to find one is faced with an irreversible weak serology due to Yaws acquired in childhood. For this reason it seems justifiable to approach the matter in the light of clinical judgement rather than to adopt a method of treatment which is unlikely to do the patient any good and may be detrimental to his social conditions.

The staffing of the Clinics, owing to the retirement of one of the male nurses has been slightly altered, and, in the place of the qualified nurse whom we have lost, two hospital porters are proving capable of performing the required duties under the instructions of our remaining trained man. It is not, of course, a wholly satisfactory position but owing to the shortage of trained male nurses who can undertake this type of work it is the only obvious alternative that offers.

We have also changed our Lady Almoner but in so doing nothing seems to have been lost in the smooth and efficient running as far as that part of the Clinic working is concerned. The present set-up of one Consultant who is on the Hospital Staff in another capacity helped by General Practitioners appears very well suited to the needs of the district and is fully adequate to our requirements."

Dr. J. Walley reports:

"Two recent problems that are applicable to the Female Special Clinic are:—

1. The increase in the teenage population attending the Clinic. These girls are often pregnant and require a certificate to exclude Venereal Disease before they are admitted to the various Homes for unmarried mothers. Girls still attending secondary school and therefore under 16 have been seen, the putative father also being of school age. Other patients in this age group have been suffering from acute G.C. or trichomonas vaginitis (the new oral treatment with Flagyl for trichomonas infections has been most successful).

2. Our other problem is the number of coloured pregnant women who have had routine blood tests taken at the Antenatal Clinic and were referred to us with a positive serology.

Our impression is that the majority of these patients have had Yaws in childhood, but, to be on the safe side, with the child's future the primary consideration, all cases have been given a course of penicillin."

Miss M. Deacon (Almoner) reports:

"The total number of new patients has risen from 487 in 1961 to 611 in 1962. This figure includes 11 male patients suffering from Gonorrhoea who have been re-infected once and 3 patients infected twice, while attending the clinic. The total has thus risen in one year by over 25%.

Nationality of new patients attending during 1962

MALES

	British	*West Indian and African*	*Indian Pakistanis*	*European*	*Chinese*	*Greek*
1st quarter	80	17	3	4	—	—
2nd quarter	92	25	7	7	—	1
3rd quarter	66	39	2	2	1	2
4th quarter	71	32	6	2	—	—
TOTALS	309	113	18	15	1	3

The figures in this total do not include returns from G.P.'s* or re-infections†.

* G.P. notifications = 7

† Coloured 10 × 1 White 1 × 1
,, 2 × 2 ,, 1 × 2 Total 17

FEMALES

1st quarter	26	3	—	—	—	—
2nd quarter	25	6	—	—	—	—
3rd quarter	32	4	—	—	—	—
4th quarter	26	2	—	4	—	—
TOTALS	109	15	—	4	—	—

The total number of attendances in 1962 was 2,226 compared with 1,752 in 1961.

This increase is a disturbing one and there seemed four main reasons for it.

Firstly, the increase in the number of immigrants. It is to be noted that approximately one-third of the new patients attending the Male Special Clinic and one-sixth of the new patients attending the Female Special Clinic during 1962, were immigrants. Secondly, increased mobility of the population. Thirdly, increased promiscuity amongst the young, and an attitude of mind apparently less affected by the social stigma of venereal disease than that found in older clinic patients, and, lastly

ignorance amongst females, especially the younger ones, of the fact that they have been infected, forms a constant potential danger.

The duties of the Almoner remain as before, namely, tracing contacts and encouraging patients already attending, not to default. In addition she offers individual help to patients whose attendance at the clinic has created or aggravated certain personal problems and needs. To deal with these more fully:

(*a*) *Contact Tracing.* This is not difficult if the patients attending the clinic can give the name and address of the person from whom the disease was contracted, the contact can either be brought to the clinic by writing, or if this fails, where appropriate, a Health Visitor will get in touch with him, or her, personally.

The problem of inter-marital infection can usually be resolved satisfactorily, although each of the partners often needs considerable support and guidance.

Contact tracing however, is made very difficult where the relationship has been entirely casual, or not uncommonly, the individual was under the influence of drink and has little memory of the event. Also, it is often difficult, particularly in the case of foreigners, to make patients understand the exact reason for one's enquiries, and frequently such patients are given a letter which they can deliver personally to the contact in question.

(*b*) *Problems affecting new patients.* The social background varied considerably between individuals attending the clinic and the approach is varied according to the social circumstances.

In the young group which tend to predominate, there is a small hard core of girls who are well known to the Almoner and who attend the clinic of their own accord. These girls come from broken homes and most of them associate exclusively with coloured men. (As can be seen from the table, coloured men constitute a large proportion of the clinic patients and it is they, almost exclusively, who tend to get re-infected while still attending the clinic). It is significant that these English girls often choose to live with their coloured associates and have a relatively stable relationship with them. Some light is thrown on this by the comment of one of the patients who intended to marry a West Indian, she expressed a feeling of understanding existing between them 'we are both outcasts and neither of us belong'. These people are not assimilated in the established community in Oxford, and so tend to form a community of their own with different standards, and less demanding expectations of its members.

It is to be noted that of the coloured women attending the clinic only one is known to have an English contact and none of the English males gave coloured women as their source of infection.

Personal psychological problems are usually a basic cause of the patient's behaviour and the inability to form stable relationships has often seemed to be based on childhood experiences. In connection with these the Almoner has an important role to play in understanding the feelings

of loneliness and rejection common in so many people who attend the clinic. Apart from this the work is directed towards encouraging patients to persevere in their attendances and towards following up defaulters. The work is also directed towards tracing contacts either by letter or by visits from the Health Visitor, or often most successfully, by encouraging the patients themselves to get in touch with the person from whom they were infected. During the past year a number of patients were helped to find employment and single, pregnant girls, were assisted in making plans for the future. In short, patients were helped to make a constructive use of their clinic attendances.

With reference to possible plans for preventive and long term work:

(1) Ideally, there might possibly be a social survey of the pattern of behaviour normal to the coloured immigrants and the resultant effect on them of conflicting norms in our society.

(2) Failing this all efforts should be made towards increased understanding and awareness of the background and culture patterns of these people so that help can be constructive, e.g. public education, lectures and films might be used to aid assimilation."

(e) VACCINATION AND IMMUNISATION

1. Vaccination against smallpox

Table showing successful vaccinations performed during the year:—

Age at date of vaccination	Under 1 year	1 year	2–4 years	5–14 years	15 years and over	Total
Number vaccinated (primary)	1,383	175	347	1,598	4,348	7,851
Number re-vaccinated	1	8	215	2,362	12,845	15,431

Of the vaccinations carried out during the year, 4,117 primary vaccinations and 10,388 re-vaccinations were performed by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act 1946.

During the year three attempts at vaccination were made on one child and two attempts on 22 children without success.

The unprecedented rise in the number of vaccinations performed during the year was undoubtedly due to the worrying reports of smallpox outbreaks in other areas which started to come in over the weekend of 13/14th January. There were so many telephone enquiries throughout the morning of Monday, 15th January, that it was decided to open a vaccination clinic at 60 St. Aldate's that evening. It was intended that this clinic should be for the benefit of Oxford residents who might be at a slightly greater risk because they had just come from or were shortly going to one of the smallpox areas. In the event 297 persons were vaccinated on Monday evening before the supply of lymph ran out. Energetic efforts were made to obtain a further supply from the Public Health Laboratory Service but without avail, as the demand throughout the region had been so great that all available supplies of vaccine had been exhausted. The result was that not all those that attended the clinic could be vaccinated. The following day, fresh supplies of lymph did not arrive in time to hold a clinic that evening. Clinics were, however, held on Wednesday, Thursday and Friday evenings, and between 250 and 300 persons were vaccinated each evening. On Wednesday and Thursday the limited supply of lymph which had been obtained was exhausted before the end of the queue was reached, but on Friday all those who attended were vaccinated.

During the twenty-two sessions held between 15th January to 14th February, 6,613 vaccinations (2,715 primary and 3,898 re-vaccinations) were performed, i.e. an average of 300 per session. The busiest evening throughout the period was Friday, 26th January, when 670 persons were vaccinated.

There was no justification for mass vaccination in Oxford, the risks

being negligible. Steps were taken to offer vaccination to students returning to Oxford from the smallpox areas, and a special watch was kept on the Pakistani position in the City.

Proportion of babies vaccinated

The number of Oxford babies vaccinated during 1962 while still under one year of age (1,383) expressed as a percentage of live births registered in the last half of 1961 and the first half of 1962 (Oxford residents) was 84%.

Corresponding figures for the last ten years are as follows:—

1953	58%	1958	63%
1954	62%	1959	68%
1955	62%	1960	68%
1956	61%	1961	66%
1957	66%	1962	84%

The value of vaccination was forcibly brought home to parents by the publicity given to outbreaks of smallpox in this country in the early part of 1962. The consequent change in attitude of many former opponents, and the ready availability of vaccine at all Child Welfare Clinics, accounts for the marked rise in the proportion of infants vaccinated to the present satisfactory level.

No serious reactions or complications occurred during the year.

2. Immunisation against diphtheria and pertussis

The following table shows the number of primary immunisations completed and the number of re-inforcing injections given during 1962:—

	Children born in years							
	1962	1961	1960	1959	1958	1953-1957	1948-1952	Total
A. Number of children who completed a full course of primary immunisation								
(i) Triple antigen ..	605	762	25	10	4	3	—	1409
(ii) Combined diphtheria —tetanus prophylactic	2	5	3	3	3	89	4	109
Totals	607	767	28	13	7	92	4	1518
B. Number of children who were given a re-inforcing injection:								
(i) Combined diphtheria —tetanus prophylactic	—	2	1	46	134	697	5	885
(ii) T.A.F.	—	—	—	—	5	80	1	86
Totals	—	2	1	46	139	777	6	971

Comments

(1) General practitioners gave 87 of the 1,518 primary courses (i.e. 6%) and 11 of the 971 re-inforcing injections (i.e. 1%). All other injections were given by the staff of the Health Department. This is an indication of the advantage taken by parents of the facility with which the former procedure is available at all child welfare clinic sessions. Re-inforcing injections are given largely at school.

(2) Children receiving a full course of immunisation against diphtheria and tetanus numbered 1,518 compared with 1,519 in 1961. Those receiving a full course of vaccination against pertussis numbered 1,409 compared with 1,407 in 1961.

(3) The exact proportion of babies immunised against diphtheria is difficult to estimate accurately. But there is a strong indication that the rate remains satisfactory. The health visitors have studied the records of children born in 1960 and still on their visiting list at the end of 1962. There were 1,243 such children, of whom 1,147 had been immunised. This gives a figure of 92%. Comparable figures for the last nine years are as follows:—

1953	71%	1958	82%
1954	75%	1959	83%
1955	76%	1960	88%
1956	77%	1961	91%
1957	80%		

(4) Triple antigen was again used throughout the year for primary immunisation of babies, preferably beginning at 4 months. Reactions to triple antigen at this age are usually absent or slight. During the year only two children failed to complete the course owing to reaction.

During the year the use of T.A.F. for booster doses for children who had not received triple antigen in infancy ceased. Diphtheria-tetanus toxoid is now used for both primary immunisation and re-inforcing injections for all school children. For those children who did not receive triple antigen as babies, two further injections of tetanus toxoid are now given.

(5) The exact proportion of babies protected against pertussis is not known but with the general use of triple antigen in the City, it must be about the same as the figure for diphtheria—i.e. approximately 92%.

(6) Estimations, based on notification figures, of the protection conferred by pertussis immunisation are notoriously unreliable. However, during the past six years there have been 38 notified cases in the first year of life, and in only three cases had the child been immunised. This suggests a considerable degree of protection.

Details of cases notified in 1962 are given in the accompanying tables.

	Under 1 year	1 year	2 years	3 years	4 years	5—9 years	over 10	Total
Total notifications ..	1	1	—	—	—	—	—	2
Notifications in immunised children	1	—	—	—	—	—	—	1

Details of the notified case in the immunised child:—

Age of child at onset	Antigen used	Interval between last injection and onset	Severity (as classified in M.R.C. field trials)
5 months	Triple antigen	3 days	Mild

3. Poliomyelitis vaccination

At the end of 1961 figures issued by the Ministry of Health showed that Oxford City had a rate of 96% for vaccination against poliomyelitis for children and young persons under the age of 19, and that this figure was not equalled by any other County Borough in England and Wales. This is a very gratifying situation, but it does not prevent us from asking "What about the other 4% ?"

Sabin (oral) poliomyelitis vaccine has been the material of choice since the beginning of March, when it was made generally available to Local Health Authorities. This vaccine is thought to produce at least as good a protective response within the body as the Salk vaccine, and to have the added advantage of preventing virulent poliomyelitis virus from later establishing itself in the intestinal tract, which is the usual primary site of infection in this disease. There is thus at least a theoretical possibility of virulent poliomyelitis virus being eradicated from the community. With careful manufacture and testing there is no reason to believe that we need fear any of the troubles reported from the North American continent, where the vaccine differs from that in use in Britain in certain respects. In this area no reports of any ill effect whatever have been substantiated, and the vaccine has proved extremely popular with the public, and particularly with children, a fact most welcome to doctors long accustomed to having their prophylactic measures met with tears and struggles. Since the oral vaccine became available only 103 doses of Salk vaccine have been given by Health Department staff, apart from those given to complete a primary course started before March. This is in contrast to 8,678 doses of Sabin vaccine given in the same period.

The oral vaccine has, however, one disadvantage from the point of view of the General Practitioner, and that is the fact that it is at present

only available in 10 dose containers. Many practitioners do not have refrigerators readily at hand in their surgeries, and, although the vaccine has since August contained a stabiliser, it does not retain its potency for longer than 14 days unrefrigerated. Now that the days of mass vaccination are over, the majority of practitioners do not have 10 persons due for a dose in a 14 day period. This tends to discourage them from using the vaccine, and if they use it, considerable wastage is unavoidable. It is hoped that single dose containers, as originally envisaged by the Ministry of Health, will soon appear on the market.

Set out below are figures for persons who have completed courses of vaccination during the year.

	Salk vaccine			Sabin vaccine		
	* Primary course	Booster (after 2 Salk)	Booster (after 3 Salk)	† Full course	Booster (after 2 Salk)	Booster (after 3 Salk)
Children born 1962 ..	3	—	—	175		—
,, ,, 1961 ..	250	13	—	748		—
Persons ,, 1960-43	51	321	11	170	3245	1152
,, ,, 1942-33	90	171	—	171		—
Others	106	465	—	160		—
Total ..	500	970	11	1424	3245	1152

* Individuals who have received 2 injections of Salk vaccine.
† Individuals who have received 3 doses of oral vaccine.

In all, 1,863 injections of Salk vaccine, and 9,282 doses of Sabin vaccine were given. Of these General Practitioners gave 861 injections of Salk vaccine (46% injections) and 604 doses of Sabin vaccine (6% oral doses). In 1961 when only injections were available, General Practitioners gave 8% of the vaccine. These figures illustrate the relative popularity of Salk vaccine with General Practitioners the reasons for which have already been put forward.

Since the beginning of the vaccination campaign in 1956, a total of 50,879 persons in the eligible groups have received a complete course of vaccination within the City.

Vaccinations for Travellers

(*a*) *Yellow Fever.* No change has been made in arrangements to provide yellow fever vaccination to prospective travellers from any area by appointment. Vaccination sessions are held once a week, and a fee of ten shillings a dose is charged to cover expenses. In 1962 a total of 701 persons received vaccination (663 in 1961).

(*b*) *Other diseases.* Set out below are figures for vaccination against other diseases given to prospective travellers who are normally resident

in Oxford City. Details for smallpox vaccination are given elsewhere in the report. These injections can also be given to travellers by General Practitioners.

	Primary Vaccination		Re-vaccination	
	1962	1961	1962	1961
T.A.B.	42	23	5	7
T.A.B. and Cholera ..	20	47	8	3
Cholera	17	11	10	7
Typhus	4	5	—	—
Tetanus toxoid	12	17	2	5
Total	95	103	25	22

(f) INFESTATION

(i) Scabies

For the first year since records began, no school children were reported as having scabies.

(ii) Pediculosis

During the year, 15,623 personal hygiene inspections were carried out by the school health visitors and, out of 8,020 children inspected, 187 were found to have lice or nits in the hair. This represents an incidence of 2.3% compared with 3.5% in 1961 and 1.9% in 1960.

Inspections are concentrated on schools where persistent offenders have been found in the past and, although efforts are made to detect and eradicate infestation in family contacts, it is notoriously difficult to elicit the co-operation of some members, particularly elder sisters who have left school and who may well provide a reservoir of infection.

During the year, 2 adults infested with body lice were also treated. This compares with 4 cases in 1961 and 2 cases in 1960.

(g) LABORATORY SERVICES

Bacteriological examinations

Examinations of swabs and other specimens from cases of infectious disease and from contacts and suspected carriers have been carried out by Dr. R. L. Vollum and his staff at the Public Health Laboratory, Walton Street, Oxford. In addition, virus studies have been carried out by Dr. F. O. MacCallum. We are most grateful to the whole staff for the ready help which has been given throughout the year.

Analytical examinations

Mr. F. A. Lyne, B.Sc., F.R.I.C., of 220/222 Elgar Road, Reading, Berkshire, has continued as official Analyst to the City.

SECTION V

MATERNITY AND CHILD WELFARE

REPORT BY DR. H. H. JOHN,
M.B., B.Ch., D.P.H., D.C.H., D.R.C.O.G.,
Senior Assistant Medical Officer of Health

A. MATERNITY
(including domiciliary midwifery)

I. Midwives practising in the area

Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

(*a*) Domiciliary midwives employed by the Local Health Authority	7
(*b*) Midwives in hospital practice, employed by the Board of Governors of the United Oxford Hospitals..	38
	45

II. The Domiciliary Midwifery Service

1. General arrangements

Virtually all the domiciliary midwifery is undertaken by full-time Midwives employed by the City Council. The establishment provides for a non-medical supervisor and for nine midwives. In addition, a part-time midwife has been employed to help with the nursing care of mothers and babies discharged early from hospital, and other duties when necessary. In the course of the year a further part-time midwife was engaged for three months during a temporary staff shortage.

The City Council takes full responsibility for providing domiciliary midwives with suitable transport and accommodation if required. In 1962, Corporation cars were used by three midwives and a car allowance on the essential user basis, was available for those running their own cars. Six midwives occupied Council property; five in fully-furnished accommodation and one in an unfurnished flat.

2. Antenatal care for domiciliary cases

Every mother booked for domiciliary delivery by a City midwife also books a general practitioner under the Maternity Medical Service. Cases for domiciliary delivery are carefully selected and antenatal care is carried out by both doctor and midwife in close co-operation. It is very much

to the advantage of the mother and in the best interests of midwifery, that this is started early in pregnancy. The following table shows the number of midwives' bookings according to the period of gestation:—

Period of gestation	*Number of bookings*
Under 12 weeks	38
12—16 weeks	169
17—20 ,,	137
21—24 ,,	98
25—28 ,,	82
29—32 ,,	53
33—36 ,,	36
After 36 weeks	8
	621*

* This figure excludes 10 unbooked emergencies and 2 County deliveries

Thus, 179 or 28.7% of mothers booked for delivery at home did not book a midwife until after the 24th week of pregnancy. This proportion is essentially the same as in 1961 (28.8%). Efforts to ensure earlier booking will continue.

General practitioners continued to hold special antenatal sessions at their surgeries. At the end of the year 15 doctors were participating in 9 regular weekly sessions at which a midwife or her pupil attended.

Every effort is made to ensure that the full range of antenatal blood tests is carried out in each case. Specimens may be collected at the pathological laboratory at the Radcliffe Infirmary, but most mothers find it easier to attend one of the City antenatal clinics. The following figures show the number of attendances for this purpose over the last five years:—

1958	1,054
1959	1,065
1960	1,036
1961	1,039
1962	1,077

In addition the Supervisor of Midwives took samples at the mother's home on 48 occasions during 1962 at the request of a general practitioner, (compared with 44 occasions in 1961 and 49 in 1960).

The concerted effort to ensure that all mothers delivered at home have a high haemoglobin at term has been maintained. To this end almost every mother has routine iron in pregnancy and the haemoglobin level is re-estimated at 34—36 weeks. The results of all blood tests in pregnancy are entered on the midwife's record which remains in the mother's keeping until she is delivered. Study of the records of the 631

cases delivered in 1962 shows the following distribution of late-pregnancy haemoglobin readings:—

Hb.	*Number of cases*
61—70%	13
71—80%	278
81—90%	270
91—100%	46
101% or over	2
No record	22
	631

Five of the 13 mothers in the 61—70% range had haemoglobin levels of 70%. The remaining 8 cases were on intensive treatment, 4 receiving intramuscular injections of iron, and one being referred to hospital for investigation and treatment. In 4 of these cases the doctor was present at delivery. One case required the services of the E.O.S. for retained placenta, early action being taken by the Midwife, in the doctor's absence, in view of the low haemoglobin.

In the group in which no record was available at 36 weeks, 8 were hospital booked emergencies, 6 were premature labours, in 5 the haemoglobin had been done, and was known to be satisfactory, although the result had not been entered in the records, and the remainder were either unbooked cases or very late bookings.

3. City Antenatal Clinics

There was again a slight fall in the number of attendances for full antenatal care. Attendances for this purpose numbered 92 compared with 95 in 1961 and 144 in 1960. The few mothers who attend usually do so for geographical reasons, and in each case a doctor is booked and is kept informed of his patient's progress.

The following shows the attendances for antenatal care, the blood tests performed for general practitioners and the injections or oral doses of poliomyelitis vaccine which were given during the year. It does not include three postnatal attendances.

Work done at City antenatal clinics 1962

Clinic	Full antenatal care		Blood tests at request of general practitioners	No. of poliomyelitis vaccine injections or oral doses given
	Firsts attendances	Re-attendances		
Headington ..	1	20	397	150
East Oxford ..	5	20	471	242
St. Aldate's ..	4	42	209	144
	10	82	1077	536

4. Maternity Medical Service bookings

The distribution of bookings (of mothers delivered at home) under the Maternity Medical Service among doctors in practice in the City was as follows:—

40—49 cases	1 doctor
30—39 ,,	2 doctors
20—29 ,,	8 ,,
10—19 ,,	13 ,,
5—9 ,,	17 ,,
1—4 ,,	14 ,,

The figures apply only to City cases, thus they do not represent the total Maternity Medical Service bookings of the doctors.

5. Work of the individual midwives 1962

Details are shown in tabular form. The figures include deliveries and visits carried out by pupil midwives and medical students.

A second table gives an analysis of all domiciliary deliveries carried out during 1962.

Table showing the work of the individual midwives during the year

	Doctor present at delivery	Doctor not present at delivery	Mis-carriages	Total	Antenatal visits	Nursing visits	Postnatal visits (i.e. after the 14th day)	Total visits
Midwife A. (East Oxford and part of Cowley)	17	71	—	88	1,338	1,687	17	3,042
*Midwife B. (Headington)	9	26	—	35	460	633	—	1,093
†Midwife C. (Headington)	5	13	—	18	312	316	—	628
Midwife D. (Cowley)	44	63	3	110	1,349	1,951	17	3,317
Midwife E. (South, West and part of East Oxford)	31	86	—	117	1,323	2,084	45	3,452
Midwife F. (Wolvercote, Cutteslowe, North Oxford and relief of Supervisor ..	27	34	—	61	1,045	1,278	28	2,351
*Midwife G. (Northway, Marston and part of Headington)	17	50	—	67	929	1,307	14	2,250
†Midwife H. (Northway, Marston and part of Headington)	4	8	—	12	248	220	—	468
*Midwife I. (Blackbird Leys)	24	38	—	62	668	1,077	—	1,745
†Midwife J. (Blackbird Leys)	7	14	—	21	216	346	13	575
Supervisor of Midwives	13	32	—	45	401	653	12	1,066
Part-time Nurses	—	—	—	—	—	988	2	990
	198	435§	3	636	8,289	12,540	148	20,977
Corresponding figures for 1961	149	435	3	587	8,727	11,616	114	20,457
Corresponding figures for 1960	146	474	1	621	8,397	11,855	120	20,372

§ This figure includes delivery of two County patients, one at Slade Park and the other at Old Marston

* Resigned 30.6.62. † Appointed 1.10.62.
* Resigned 31.8.62. † Appointed 15.10.62.
* Resigned 30.9.62. † Appointed 1.10.62.

6. Analysis of domiciliary deliveries during 1962:—

	Doctor present at delivery		Doctor not present at delivery		
	Primiparae	Multiparae	Primiparae	Multiparae	Total
Total cases	66	132	57	376	631
Live births	66	133	57	377	633
Stillbirths	—	—	—	—	—
Twin deliveries	—	1	—	1	2
Death of baby at home ..	—	1	—	—	1
Forceps deliveries ..	5	3	—	—	8
Emergency obstetric service	3	1	1	10	15
Baby transferred to hospital by "premature baby flying squad"	—	2	2	1	5
Baby transferred to hospital other than by "flying squad"	—	—	—	4	4
Mother and baby transferred to hospital	3	—	—	2	5
Anaesthesia and analgesia:—					
(*a*) Pethidine	55	65	39	128	287
(*b*) Gas-and-air	58	115	46	342	561
(*c*) Trilene	2	8	—	—	10
Antenatal care:—					
(*a*) General practitioner and midwife	65	131	52	366	614
(*b*) Clinic and general practitioner	—	1	—	6	7
(*c*) None (emergencies) ..	—	—	2	—	2
(*d*) Hospital booked emergencies ..	1	—	3	4	8
Feeding at 14 days:—					
(*a*) Breast entirely ..	57	85	45	242	429
(*b*) Breast and bottle ..	3	13	2	32	50
(*c*) Bottle entirely ..	6	34	7	97	144

Comments on the work of the midwives and on the details of domiciliary deliveries:

1. Total deliveries increased (631 compared with 584 in 1961). There was a decrease of 438 in the number of antenatal visits and an increase of 924 in the number of nursing visits.

2. There was no maternal death.

3. No stillbirths and only one neo-natal death occurred at home in 631 deliveries. In this case death was attributed to prematurity and multiple congenital abnormalities.

4. Two pairs of twins were delivered at home. They were both undiagnosed prior to labour, but this was uneventful and they were nursed at home. Doctor was present at one of the two deliveries.

5. Doctors were present at 46% of deliveries compared with 34% in 1961, 31% in 1960 and 24% in 1959. This represents a very satisfactory increase over the preceding years.

6. The forceps rate was again low, namely 1.3%.

7. It can be calculated from the figures that 68% of babies born at home, were fully breast-fed at 14 days.

7. Patients booked for domiciliary delivery but transferred to hospital during labour

Despite thorough antenatal care and careful selection of mothers booked for delivery at home, it is inevitable that abnormalities will occasionally arise during labour. In Oxford, thanks to the unfailing co-operation of the hospitals, admission of emergency cases can always be arranged without delay.

During 1962, the admission of 24 mothers occurred during labour. Calculated as a percentage of mothers delivered at home plus those admitted in labour, this works out as 3.7% compared with 2.3% in 1961, 3.1% in 1960 and 4.3% in 1959.

The reasons for admission, together with the outcome, were as follows:—

Abnormality	*End result* *Delivery*	*Baby*	*No. of cases*
Delay in 1st stage	Spontaneous	Survived	2
Delay in 1st stage	Forceps	Survived	4
Delay in 1st stage	Vacuum extractor	Survived	1
Delay in 1st stage	Caesarean section	Survived	1
Delay in 2nd stage	Forceps	Survived	2
Premature labour	Spontaneous	Survived	2
Premature labour	Spontaneous	Stillborn*	1
Premature labour	Spontaneous	Died*	1
Premature labour (unbooked)	Spontaneous	Died*	1
Early rupture of membranes	Forceps	Survived	2
Anaemia	Spontaneous	Survived	1
Accidental ante-partum haemorrhage	Spontaneous	Stillborn*	1
Ante-partum haemorrhage	Caesarean section	Survived	1
Breech presentation	Spontaneous	Survived	2
Breech presentation	Extraction	Survived	1
Shoulder presentation	Version and breech extraction	Stillborn*	1
			24

* These cases, involving perinatal deaths will be discussed in paragraph 11.

8. Administration of pethidine

Pethidine was given in 167 cases in which the midwife was acting on her own responsibility (i.e. 39%). Corresponding figures for the last five years are as follows:—

1957	43%
1958	48%
1959	48%
1960	51%
1961	43%

Of the total 631 patients delivered at home, 287 or 45.5% received pethidine. This figure shows little change in relation to 1961, when 47.6% of the total were given pethidine.

9. Gas and air analgesia

Gas and air is made readily available for every mother who wishes to have it. Instruction in its use is always given in the antenatal period unless the mother is familiar with the apparatus.

During the year 89% of mothers received it.

In the 45 cases in which it was not given when the midwife was acting on her own responsibility, investigation showed the reason to be as follows:

Born before arrival of midwife	19
Rapid delivery, no time	10
Considered unnecessary	3
Refused	13
	45

Of the 13 who refused, 6 had received pethidine.

The midwives are not equipped with trilene and in the 10 cases in which it was administered, it was provided by the doctor.

10. Parentcraft and Relaxation Classes

These classes continue to be much appreciated by expectant mothers.

Parentcraft teaching is undertaken by midwives, health visitors and doctors. Very successful evening panel discussions have been held to allow the attendance of husbands. Further details of work in this field are given in the section on Health Education.

Relaxation classes are organised by the Department of Physical Medicine, United Oxford Hospitals, and are held at the Radcliffe Infirmary on Tuesday and Friday at 3.45 p.m., and at the Churchill Hospital on Monday and Wednesday at 3.15 p.m. The classes are restricted to mothers (booked for home or hospital confinement) who have

a doctor's recommendation. Mothers are encouraged to attend as soon as possible after the 20th week in order to gain maximum benefit from the classes.

11. Perinatal deaths in connection with domiciliary midwifery

Every stillbirth and neonatal death in the first week of life is fully investigated in order to see if any lessons can be learned from it. To give a complete picture it is necessary to include three categories:—

(1) Deaths at home (1 neonatal death).

(2) Deaths of babies born to mothers admitted to hospital as emergencies in labour (3 stillbirths and 2 neonatal deaths).

(3) Deaths of babies admitted to hospital after delivery at home (2).

(1) Deaths at home

A. Stillbirths—None.

B. Neonatal deaths—

(i) *Mother aged* 21 *years.* Second baby. There was a miscarriage in 1959, followed in 1960 by the birth of a healthy child after an uneventful pregnancy and labour. In the case of the second baby, early pregnancy was normal. Labour started prematurely at 34 weeks and was uncomplicated, but there was difficulty in establishing respiration. Despite artificial respiration, oxygen and stimulants, the infant died $\frac{1}{2}$ hour after birth. Autopsy revealed multiple congenital abnormalities.

Comment. Unavoidable.

(2) Deaths of babies born to mothers admitted to hospital as emergencies in labour

A. Stillbirths—

(i) *Mother aged* 26 *years.* One previous miscarriage. Regular antenatal care was given by doctor and midwife. Pregnancy was uncomplicated. Mother was admitted to hospital when labour started prematurely, and was delivered of a stillborn child weighing 2 lb. 15 ozs.

Comment: Unavoidable.

(ii) *Mother aged* 20 *years.* Second baby. Previous pregnancy and labour were uncomplicated. Received antenatal care from doctor and midwife. Referred to hospital because of unstable lie and admission for confinement advised. Midwife was called to find mother in advanced labour and shoulder presentation of the foetus. Following admission to hospital version was performed and a stillborn foetus delivered by breech extraction.

Comment: This fatality might have been avoided if mother had been co-operative and entered hospital earlier as advised.

(iii) *Mother aged* 30 *years.* Fourth baby. First pregnancy and labour was uncomplicated. Second pregnancy was normal but labour was complicated by a breech presentation. In the third pregnancy membranes ruptured prematurely 6 days prior to labour, which was uneventful. Birth weights of these infants ranged from 4 lb. 12 ozs. to 5 lb. 12 ozs. Then followed a miscarriage at 2 months.

In the last pregnancy regular antenatal care was given by doctor and midwife. At 38 weeks evidence of toxaemia was found and treatment instituted. The preceding week there was some oedema of right foot but no hypertension or albuminuria. The following day mother suffered an accidental haemorrhage and was admitted to hospital where she gave birth to a stillborn child weighing 4 lb. 15 ozs.

Comment: Possibly avoidable.

B. Neonatal deaths—

(i) *Mother aged* 22 *years.* First baby. Regular antenatal care was given by doctor and midwife. Pregnancy was complicated by pyelonephritis, which responded rapidly to treatment, and anaemia which was being treated with intensive oral iron. Mother was admitted to hospital in premature labour at 32 weeks. Baby's condition was satisfactory initially after a high forceps delivery, but death occurred on 4th day. Birth weight was 4 lb. 1 oz. Mother was transfused as a result of a postnatal haemoglobin of 60%.

Comment: Probably unavoidable.

(ii) *Mother aged* 39 *years.* Seventh baby. Mother had attended doctor for antenatal care, but had made no arrangements for confinement. Midwife was summoned after the onset of labour, and mother admitted to hospital. Baby died 1 hour after a precipitate breech delivery. Birth weight was 3 lb. 8 ozs.

Comment: This case should have been booked for hospital confinement on the grounds of multiparity and age. Version before, or in early labour would have improved the chances of survival. Probably avoidable.

(3) Deaths of babies admitted to hospital after delivery at home

(i) *Mother aged* 29 *years.* Fourth baby. Regular antenatal care was given by doctor and midwife, and pregnancy and labour were normal. Baby's condition appeared satisfactory after birth but gross cyanosis became evident on the 3rd day. Baby was taken to hospital by doctor, but died shortly after admission. Autopsy disclosed a congenital abnormality of the heart.

Comment: Unavoidable.

(ii) *Mother aged* 23 *years.* Second baby. Previous pregnancy was normal except for prolongation, and labour uneventful after surgical induction. In this pregnancy, regular antenatal care was given by doctor

and midwife. The older child developed Rubella at the 8th week, but mother did not develop any signs of the condition. Pregnancy and labour were otherwise uneventful. Baby had hydrocephalus, spina bifida and bilateral talipes, and was admitted to hospital, succumbing on the fourth day.

Comment: Unavoidable. It is unlikely that subclinical infection with Rubella would be responsible for these particular congenital abnormalities.

Summary and conclusions in relation to perinatal deaths

It appears that of the 8 deaths, 4 were unavoidable in the present state of medical knowledge, and in the remaining 4 there is an element of doubt. Lack of maternal co-operation was an important factor in two of these cases.

12. Resuscitation of the newborn by "Sparklet" oxygen apparatus

This apparatus has continued to be used occasionally for relief of asphyxia neonatorum, and apparently with beneficial effect.

13. Emergency obstetric service

This valuable service, which operates from the Nuffield Maternity Home was called to domiciliary confinements in the City on 17 occasions during 1962. Every mother made a good recovery.

Details of the cases were as follows:—

1.	Antepartum haemorrhage	3
2.	Foetal distress..	1
3.	Retained placenta	3
4.	Retained placenta and post partum haemorrhage	2
5.	Postpartum haemorrhage—primary ..	6
6.	,, ,, secondary ..	2
		17

Excluding 3 patients who suffered from antepartum haemorrhage and were admitted to hospital for delivery, there were 14 calls to 631 domiciliary confinements. This figure compares favourably with that for 1961 when there were 21 calls to 584 deliveries. The haemoglobin level was satisfactory in 2 cases of antepartum haemorrhage (80%, 87%), and was 75% in the third patient who was taking extra iron. The last patient was

the only one to require immediate blood transfusion before transfer to hospital.

Five of the 6 cases of primary postpartum haemorrhage had satisfactory haemoglobin levels, which ranged from 80—100%. The remaining patient, with a haemoglobin of 70%, was on intensive oral iron and vitamins. One case had experienced a minor postpartum haemorrhage in the preceding confinement, but had refused hospital delivery. The haemoglobin level exceeded 90% in the two cases of secondary postpartum haemorrhage.

The haemoglobin level was satisfactory (78—98%) in 3 of the 5 cases of retained placenta. One of the other 2 cases was on intramuscular injections of iron, having a haemoglobin of 71%, and the other (73%) had repeatedly refused hospital confinement. This was advisable on the grounds of multiparity and the presence of Rhesus antibodies, apart from the anaemia. It was in fact necessary to admit the baby subsequently for exchange transfusion. Total blood loss was slightly in excess of 20 ozs. in 2 cases, but only one required blood transfusion. This was the patient who had an initial haemoglobin of 71% and was receiving iron injections.

In the two cases where complications could have been foreseen the patients refused hospital confinement, although this was strongly urged. The importance of a satisfactory haemoglobin level emerges once again from the preceding histories.

14. Notification by midwives to the Local Supervising Authority

Despite the close partnership between doctor and midwife in the care of mothers delivered at home, the midwife is still obliged by the rules of the Central Midwives' Board to fill in a "medical aid form" when she needs the help of a doctor in cases where he is not present at delivery.

This occurred on 144 occasions during the year (compared with 165 in 1961 and 198 in 1960). The reasons were as follows:—

(*a*) *Mother*

(i) *During pregnancy*

Acute abdominal pain	1
Antepartum haemorrhage	2
? Premature labour	1
Premature rupture of membranes	2
? Pyelitis	1
"Show" at 32 weeks	1
Toxaemia	3
	11

(ii) *In relation to labour*

Antepartum haemorrhage at start of labour	2
Blood pressure rising in labour	1
Breech presentation	3
Delay in 1st stage	2
Delay in 2nd stage	5
Early rupture of membranes	2
Emergency birth before arrival of midwife	1
Epistiotomy for suturing	2
Foetal distress	11
Footling presentation	1
Intrapartum haemorrhage	2
Maternal distress	1
Postpartum haemorrhage	3
Postpartum haemorrhage and delay in 3rd stage	1
Premature labour	4
? Premature labour	1
Prolonged labour	1
Raised blood pressure after delivery	1
Retained placenta	6
Ruptured perineum	42
Shock and raised blood pressure during labour	1
Shoulder presentation	1
Twin pregnancy	2
Uncertain presentation	2
	98

(iii) *Lying-in period*

Flushed breast	1
Infected Bartholin's cyst	1
Pain in calf	1
Phlebitis	1
Profuse vaginal discharge	1
Pyrexia	11
Secondary postpartum haemorrhage	5
	21

(*b*) *Baby*

Asphyxia	2
Cyanosis	3
Excessive mucus	1
Limp baby	1
Multiple congenital abnormalities	1
Rhesus antibodies—Coombes test+	1
Sticky eyes	4
Twitching occasionally	1
	14

15. Care of mothers discharged from hospital during puerperium

Mothers are discharged home to the care of the midwife before the 10th day only when there are special reasons. During the year these occurred on 344 occasions (compared with 246 in 1961, 107 in 1960 and 113 in 1959).

The reasons were as follows:—

Originally booked by midwife but hospital confinement arranged subsequently in view of complications	53
Originally booked by midwife but admitted to hospital during labour	17
To relieve pressure on hospital beds	198
Compassionate grounds (baby died or stillborn)	11
Delayed separation of cord—after 8th day	59
Mother discharged herself against medical advice	6
	344

In order to relieve pressure on hospital beds, mothers and babies were discharged to the care of the midwife before the 8th day on 198 occasions compared with 124 occasions in 1961, and after the 8th day only where special nursing measures were required. This occurred on 63 occasions.

16. Postnatal care

Every effort is made to persuade mothers to go to the doctor providing maternity medical service for a postnatal examination. If this is not achieved by three months after delivery (the statutory limit for inclusion of the examination under the Maternity Medical Service) an attempt is made to persuade the mother to come to the local authority antenatal clinic.

With the co-operation of the health visitors a record is kept of the postnatal care of domiciliary cases. At the end of March, 1963, the position was as follows:—

Total confinements	631
Postnatal examinations carried out	486
Postnatal examinations not carried out	56
Unknown	64
Left Oxford	25
	631

Of the mothers in whom the result is known (albeit only according to their own statement) 77% had received a postnatal examination.

17. Training school for midwives

Part II pupil midwives from the Churchill Hospital continued to receive three months' training with the domiciliary midwives, five of whom are approved to act as teachers by the Central Midwives' Board. The pupils live in the hostel at 82/84 Abingdon Road, which is in the charge of a warden/housekeeper under the direction of the Supervisor of Midwives. In addition to their practical work on the district they attend child welfare clinics, mothercraft classes and also antenatal sessions at doctors' surgeries. During the year 36 pupils were admitted. The C.M.B. Part II examination was taken by 35 pupils, 32 of whom passed at the first attempt and 1 at her second attempt. Two results are not known.

Pupils attended 531 deliveries on the district (included in the table of deliveries attended by domiciliary midwives).

18. Training of medical students in domiciliary midwifery

Medical students from the Radcliffe Infirmary attended 12 domiciliary deliveries during the year, compared with 21 in 1961 and 51 in 1960.

19. Postgraduate education of midwives

One member of the staff attended the compulsory quinquennial postgraduate course during 1962.

Midwives and pupils attend lectures organised monthly by the local branch of the Royal College of Midwives.

III. Institutional Maternity Accommodation

Accommodation was provided by the Nuffield Maternity Home and the Churchill Hospital Maternity Department. Births during the past seven years have been distributed as follows:—

Registered births of Oxford residents occurring in Oxford

	1956	1957	1958	1959	1960	1961	1962
Hospital deliveries	866 (63%)	924 (65%)	910 (63%)	928 (60%)	914 (60%)	1,115 (67%)	1,129 63%)
Private Nursing Home deliveries)	65 (5%)	22 (1%)*	—	—	—	—	—
Domiciliary deliveries	436 (32%)	484 (34%)	535 (37%)	613 (40%)	611 (40%)	552 (33%)	627 (37%)

* The only private maternity home closed during 1957.

The number of visits paid by domiciliary midwives in order to assess the suitability of home conditions for a normal delivery is the highest recorded, as shown by the following figures:—

1956	193
1957	248
1958	341
1959	356
1960	367
1961	318
1962	445

The following table shows the source from which the patients were referred in 1962 and the result of the investigation:—

Source from which patient referred	Nuffield Maternity Home	Churchill Maternity Department	General practitioners	Total
Recommended for hospital delivery	19	32	181	232
Home confinements arranged	11	26	162	199
Miscarried	—	—	2	2
Patient made arrangements privately	—	1	—	1
County patients	—	2	2	4
Left district	1	1	5	7
	31	62	352	445

Home confinements were arranged in 45% of the cases as compared with 45% in 1961 and 41% in 1960.

IV. Notifiable infectious diseases associated with childbirth

(1) Ophthalmia neonatorum

During the year only 4 cases were notified. These all occurred in institutional confinements.

(2) Puerperal pyrexia

Twenty-six cases were notified during the year. All occurred in institutional confinements.

(3) Pemphigus neonatorum

No case of pemphigus neonatorum was notified during the year.

V. Maternal deaths

No maternal death occurred during the year.

VI. Birth control

The clinic for City patients requiring contraceptive advice on medical grounds continued to be held at the Radcliffe Infirmary on Monday evenings.

During the year there were 40 new patients, 46 were discharged and a total of 311 attendances were made. At the end of the year 267 patients were on the register.

Source of new patients

General practitioners	9
Health Visitors	22
Clinic doctor	6
Radcliffe Infirmary	3
	40

Medical indications in new patients

Poor general health associated with frequent pregnancies	18
Previous Caesarean sections	2
Recent nephrectomy	1
Mitral stenosis	1
Disseminated sclerosis	1
Sub-acute bacterial endocarditis	1
Backache—awaiting surgical treatment	1
Child with congenital abnormality	3
Mental instability of both parents	1
Mental illness of husband	2
Coronary thrombosis of husband	1
Anaemia of mother	1
Gross multiparity and poor general health	6
General ill-health of husband	1
	40

Comments on the work of the clinic

There is a close follow-up of all patients on the register, and, where necessary, supplies are sent by post. This was requested on 114 occasions in 1962, and, in addition, health visitors delivered supplies on a further 18 occasions.

Of the 46 patients discharged, 9 no longer had medical grounds, 6 had persistently defaulted, 10 left the district and 21 left for personal reasons. Among the latter group were 5 patients who are now having oral contraceptives prescribed by the general practitioner. Some family doctors, however, prefer patients on these drugs to continue attendance at the clinic for follow up.

During the year, 7 pregnancies occurred. Three were intentional, one patient was pregnant at her first visit and the remaining 3 patients freely admitted that they had not followed the instructions given to them.

Medical students and student health visitors attended the clinic for instruction in this subject.

B. CHILD WELFARE

(including Health Visiting)

I. The Health Visiting Service

1. Staff

There was again a staff deficiency for the greater part of the year. In the first eight months only 16 of the 19 full-time established posts were filled, although some relief was afforded by two part-time workers. The vacancies were filled in September by three student health visitors who had completed their temporary service under contract following training under the auspices of the City Council. Unfortunately, two health visitors suffered long term illnesses which dated from September and extended into 1963. One of the part-time health visitors was able to resume work to help meet the recurring shortage of staff. Much valuable work was also undertaken by student health visitors on contract following the conclusion of their training course.

Despite these difficulties the volume of work undertaken by health visitors again shows a substantial increase over the preceding years, an additional 3,941 effective visits being made. This extension was made possible in part by a slight improvement in the staff situation, but there have been other contributing factors. These include the continuing policy of decentralization of health visitors, 9 of those on the permanent staff and four of those under contract being based on their respective areas; together with the mobility resulting from 17 car allowances.

2. Home visits paid by health visitors during the year

The following table shows the visits during the year, and includes figures for the three previous years for comparison:—

	1959	1960	1961	1962
To expectant mothers ..	884	959	1,428	1,353
To children under 1 year ..	9,233	8,682	11,048	11,358
To children between 1 and 2 years ..	4,149	4,135	5,122	5,877
To children between 2 and 5 years..	7,122	6,770	9,456	10,862
To tuberculous households	26	55	64	105
To old people	727	1,090	1,928	3,057
Other cases	1,313	1,152	1,630	2,005
	23,454	22,843	30,676	34,617
Total number of visits to children under 5 years	20,504 (i.e. 87% of the total visits)	19,587 (i.e. 87% of the total visits)	25,626 (i.e. 84% of the total visits)	28,097 (i.e. 81% of the total visits)

Comments on these figures

(i) All the visits recorded were "effective" visits. The total number of "no access" visits was 6,430 compared with 6,788 in 1961, 5,437 in 1960 and 4,244 in 1959.

(ii) Visits to expectant mothers are mainly to hospital booked mothers. The number of deliveries in hospital in 1962 was 1,054 so that 1,353 visits represents a fair coverage. In addition, a further 601 "no access" visits were made in this group.

(iii) There was again an increase in the number of visits paid to children under 5 years—28,097 compared with 25,626 in 1961. This may be accounted for by the increase in the birth rate and to earlier discharges of mothers and babies from hospital maternity wards.

(iv) Comments on the work of the two health visitors who devote their time to the control of tuberculosis will be found in the Infectious Diseases section of this report.

(v) Visits to old people show a marked increase to 3,057 as compared with 1,928 in 1961. The increase is in large part a fortunate consequence of the increasingly close links between health visitors and family doctors in the City. Much valuable work is done in safeguarding the health and welfare of the elderly. Indeed, the provision of the various local authority services plays a large part in keeping them mobile and happy in their own homes. Support is also of much value following discharge from hospital.

Finally, supervision allows arrangements to be instituted for transfer to alternative accommodation if this should become necessary.

This work necessitates the closest co-operation with the various relevant sections of the health department and the hospital staff as well as the family doctors. It is pleasing to be able to record the excellent relations which are enjoyed by the interested parties.

(vi) "Other cases" comprise all visits not included in one of the other categories. They include visits in connection with infectious diseases, postnatal follow-up and visits paid at the request of general practitioners or hospitals.

(vii) Health Visitors have continued to work as part-time school nurses and consequently have been able to give School Medical Officers much very valuable background information at medical inspections. Work undertaken in this capacity is described in the Report of the Principal School Medical Officer.

3. Arrangements for Health Visitors to work in conjunction with general practitioners

The arrangements for the attachment of health visitors to general practices was described in detail in the report for 1960. The scheme, which is proving highly satisfactory, has continued to flourish and there has been further extension. At the end of the year there were 6 health visitors working full-time in separate practice partnerships, one dividing her time equally between two practices, and another working part-time with a single handed general practitioner. In addition, one health visitor has a particularly close but informal working relationship with a partnership of three, one of whom undertakes a local authority Child Welfare Clinic. Another close link has been established at the Blackbird Leys Health Centre where two health visitors are based and have ample opportunity for daily contact with family doctors practising from the Centre.

Interest in this pioneering work has continued as witnessed by the stream of visitors from other local health authorities. Health Visitors have contributed their impressions of the scheme at national symposia and conferences.

4. Arrangements for health visitors to follow-up persons discharged from hospital

The close liaison with the various hospital departments and the arrangements for follow-up of the different categories of patients were described in detail in the report for 1961. These arrangements, which have now been in existence for a number of years, have continued to prove very satisfactory.

5. Work at child welfare clinics

One or more health visitors were present at all the 1,409 child welfare clinic sessions, including the 294 sessions restricted to practice patients.

At the clinics the health visitors supplements the advice given in the home, prepares equipment for prophylactic procedures and arranges for appropriate children to be seen by the doctor.

The majority of child welfare clinics are now held in purpose built or specially modified premises, and further new clinic premises are planned. The conversion of part of the South Oxford Baths into a Child Welfare Centre will be undertaken shortly, and will replace the present somewhat unsatisfactory premises. Rented premises are still used for 7 clinics, but these include two of the local community centres and so serve as a means of introducing mothers to community activities.

6. Teaching and Health Education

The health visitors take part in the professional teaching by the health department. Practical instruction is given to student health visitors attending the Oxfordshire County Council's Training School, medical students, pupil midwives, student district nurses and nurses in training at the Radcliffe Infirmary. In addition, social science students and nurses from the Nuffield Orthopaedic Centre are given a brief outline of the work of the health visitor.

Apart from the advice given in the course of domiciliary and school visits, and at child welfare clinics, many other health education activities are undertaken.

7. Refresher Courses

An effort is made to send members of staff to a refresher course every 5 years. This year four health visitors were each given 2 weeks' leave to attend such courses, which were held at London and Bangor. In addition, the Superintendent Health Visitor spent a week studying Civil Defence at Sunningdale, and one of the health visitors attached to the Chest Clinic attended a one day refresher course on chest diseases.

8. The assisted training scheme for health visitors

Five students commenced the course in September. The two 1961 students who failed to satisfy the examiners in April, were successful at further attempts.

II. Child Welfare

1. Premature babies

Birth notifications included 122 live born and 14 stillborn infants weighing $5\frac{1}{2}$ lbs. or less and consequently classified as premature. These are notified births corrected for inward and outward transfers. (Corresponding figures for 1961 were 86 live births and 12 stillbirths). Their weights, place of birth and survival are shown in tabular form.

HEALTH VISITORS ATTACHED FULL TIME TO GENERAL PRACTICE PARTNERSHIPS

Weight, place of birth & survival of premature babies (corrected notifications 1962)

Weight at birth	PREMATURE LIVE BIRTHS									PREMATURE STILLBIRTHS	
	Born in hospital			Born and nursed entirely at home			Born at home and transferred to hospital on or before 28th day				
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Born in hospital	Born at home
3 lb. 4 oz. or less	8	4	2	1	1	—	—	—	—	5	—
3 lb. 5 oz.— 4 lb. 6 oz.	22	2	17	1	—	1	3	—	3	6	—
4 lb. 7 oz.— 4 lb. 15 oz.	23	2	21	6	—	6	—	—	—	2	—
5 lb.— 5 lb. 8 oz.	44	1	42	11	—	11	3	—	3	1	—
Totals	97	9	82	19	1	18	6	—	6	14	—

Comments

(i) The 122 live-born premature babies represent 7.2% of 1,676 notified live births to Oxford residents.

(ii) Fourteen of the 18 notified stillbirths to Oxford residents were premature.

(iii) Twenty-five of the 122 premature live births took place at home. Eighteen of the 19 nursed at home and the 6 admitted to hospital survived 28 days. It is evident that the policy of arranging for as many as possible of premature births to take place in hospital has again been followed with a fair degree of success.

(iv) The arrangements made with the Paediatric Department, Radcliffe Infirmary, for sharing the follow-up of the normal larger premature babies continued satisfactorily throughout the year. This involves ensuring that these babies receive their extra dosage of vitamin supplements and their iron throughout the first year of life, supervising their general progress and development, and carrying out routine haemoglobin estimations. A report is sent at the end of one and two years to the paedriatric department, and the family doctor is also kept informed of the child's progress.

2. Child Welfare Clinics

(a) Staff

Each clinic is staffed by a medical officer, one or more health visitors and a number of voluntary workers who give regular and invaluable help with clerical work, weighing of babies, distribution of welfare foods, making tea and the supervision of toddlers.

The medical staff is composed as follows:—

Full-time staff of the Health Department ..	13 sessions per week
Part-time staff of the Health Department (not in general practice)	8 sessions per week
General practitioners	7 sessions per week

(b) Attendances

The attendances at clinics during the year are shown in tabular form. An attendance is recorded only if a child comes for advice, for weighing, or to see the doctor. Thus attendances merely for obtaining National Welfare Foods are excluded.

The fact that clinics are appreciated is shown by the number of City children under 1 year who attended City clinics for the first time during

Attendances at Child Welfare Clinics

	No. of children who first attended and at their first attendance were under 1 year	Number of children who attended and who were born in			Total No. of children who attended during the year	No. of attendances made by children who at their first attendance were			Total attendances	Number of Sessions	Average attendances
		1962	1961	1960-57		Under 1 yr.	1 but under 2 yrs.	2 but under 5 yrs.			
Bury Knowle, Headington (2 clinics weekly till 27.3.62)	118	94	136	95	325	1,601	367	389	2,357	65	36.26
Bury Knowle, Headington (General Practice clinic w.e.f. 3.4.62)	74	73	66	95	234	917	128	223	1,268	38	33.37
Barton	77	55	82	108	245	1,267	289	201	1,757	51	34.45
Cowley (2 clinics weekly)	117	109	142	183	434	1,792	530	297	2,619	100	26.19
Cowley (General Practice clinic)	26	24	14	30	68	426	101	144	671	51	13.16
East Oxford (2 clinics weekly)	143	125	127	80	332	1,891	427	236	2,554	100	25.54
New Hinksey	79	62	64	75	201	998	240	209	1,447	51	28.37
St. Ebbe's (2 clinics weekly)	113	102	118	137	357	1,503	368	337	2,208	100	22.08
Summertown (2 clinics weekly w.e.f. 1.5.62)	115	103	89	115	307	1,515	339	194	2,048	86	23.81
Summertown (General Practice clinic)	66	55	62	75	192	934	152	120	1,206	51	23.65
Slade Park (2 clinics weekly)	100	100	116	230	446	1,411	489	552	2,452	102	24.04
New Marston	45	45	49	65	159	756	183	84	1,023	51	20.06
Wolvercote	29	25	26	38	89	719	188	80	987	52	19.00
Donnington (2 clinics weekly)	136	115	134	180	429	2,094	533	383	3,010	102	29.51
Donnington (General Practice clinic)	55	55	55	75	185	724	163	72	959	51	18.80
G.F.S. Hall, Woodstock Road, (2 clinics weekly)	144	124	120	183	427	1,557	359	324	2,240	100	22.40
Northway	51	51	55	98	204	904	172	98	1,174	52	22.58
Rose Hill Community Centre	31	27	38	74	139	607	266	269	1,142	52	22.00
Blackbird Leys	80	70	86	195	351	1,004	308	309	1,621	51	31.78
Blackbird Leys (General Practice clinic A)	42	40	48	122	210	622	188	245	1,055	51	20.69
Blackbird Leys (General Practice clinic B)	106	97	114	274	485	1,320	331	465	2,116	52	45.96
	1,747	1,551	1,741	2,527	5,819	24,562	6,121	5,231	35,914	1,409	25.42

The following figures indicate the attendances made by children (included in the above table) who lived in the County and attended the Slade Park and Barton clinics:—

41	41	49	60	150	553	147	81	781	

Oxfordshire County Council contributed on a proportional basis to the running expenses of these clinics.

the year. These represent very nearly 100% of the registered live-births. Figures for the last five years are as follows:—

1958	91%
1959	92%
1960	96%
1961	99%
1962	99%

Comparing the clinic attendances with those in 1961, it is seen that the total attendance has increased by 1,747, and that the number of children attending increased by 486.

The number of sessions held during the year numbered 1,409, an increase of 128 compared with 1961. By the end of the year 28 regular sessions were being held weekly, 6 of which were for practice patients only and attended by the general practitioner concerned.

(*c*) *Medical work at clinics*

The medical officers at child welfare clinics continued to keep a record of their work. There were 1,409 sessions at which a doctor was present and altogether children under 5 years were seen by a doctor on 20,445 occasions. In addition, expectant mothers and children over 5 years were seen on 1,334 occasions, mainly in connection with poliomyelitis vaccination.

The following table gives a summary of the reasons for which they were seen by a doctor:—

Vaccination against smallpox (performance or follow-up)	3,336	56%
Triple antigen injections	3,989	
Other prophylactic injections	356	
Poliomyelitis vaccination—injections—		
Under 5 years	566	
Over 5 years	153	
Poliomyelitis vaccination—oral—		
Under 5 years	3,686	
Over 5 years	827	
Routine medical inspections—		
First	1,567	17%
Subsequent	2,471	
Consultation in relation to a problem	4,726	27%
Follow-up of medical inspection or consultation ..	1,466	

(An individual consultation may figure in more than one category; for example a child may come for a routine examination and be immunised at the same time).

The routine medical inspections brought to light a number of con-

ditions not already receiving attention but requiring either treatment or further observation. They were classified as follows:—

	First inspection (usually in early (weeks of life)	*Subsequent inspection* (usually at 1st, 2nd, 3rd and 4th birthday).
Nutritional and dietetic	115	72
Eyes..	42	27
Ear, nose and throat	17	18
Umbilical	99	25
Genital organs	41	46
Pallor	10	33
Orthopaedic	28	87
Skin	124	82
Miscellaneous	85	133
	561	523

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the doctor or paid a follow-up visit:—

	Consultation	*Follow-up of inspection or consultation*
Feeding problems and gastro-intestinal conditions (including failure to gain weight) ..	926	409
Mental and psychological	136	56
Eyes..	312	90
Ears	190	51
Respiratory system	853	84
Mouth	141	20
Pallor	151	159
Sleep	171	44
Skin	850	162
Orthopaedic	177	93
Genital organs	148	42
Umbilicus	42	50
Prematurity	27	105
Trauma	90	2
Fitness for prophylactic procedure	593	12
Mother's health	281	18
Miscellaneous	287	137
	5,375	1,534

The following table shows the number of children who were referred elsewhere for treatment, the majority of hospital referrals being through the family doctor:—

Family doctor	143
*Orthopaedic department	2
*Eye hospital	8
*Other hospital departments	13
	166

* In these cases the family doctor is always informed of the referral and the consultant's findings.

Comments

There has been a considerable increase in the medical work undertaken at child welfare clinics. Prophylactic procedures, initial and subsequent routine yearly medical inspections and consultations all show a substantial and proportionate rise. The former continue to account for just over 50% of visits to doctor. Disposable syringes were introduced as a trial basis and their evaluation continues.

As in the preceding year a number of children were medically examined at one year, with special reference to developmental progress and congenital defects, in connection with an investigation into the effects of Infections in Early Pregnancy—a survey which is being conducted jointly by the Public Health Laboratory Service and the Royal Society of Health.

The conditions which were found at medical inspection and which warranted treatment or further observation indicate something of the value of these routine examinations. It is the aim to diagnose defects as early as possible in order to institute remedial measures at the optimal developmental phase. The inspections also give an opportunity for health education. The efficiency of the screening is evident from the very few defects not previously recorded which were found in school entrants. Only four such instances came to light in 1962—all in children who had failed to attend for birthday examinations.

The increase in the number of consultations is seen in almost all categories, feeding problems and gastro-intestinal disturbances remaining in the major group. A small stock of medicaments is available for the treatment of minor ailments which may be detected at the clinics. Early treatment given in this way is helpful in preventing deterioration and complications, as well as saving mother and family doctor some inconvenience. Any child with a more severe illness is, of course, referred to the general practitioner for treatment, and notices at the clinics urge mothers to approach their own doctor direct in the case of illness. The

value of the medicaments was accepted by the Maternity and Child Welfare Sub-Committee on the basis of a report submitted in the course of the year, and it was decided to continue to supply them free of charge.

Tuberculin jelly testing

Throughout the year routine jelly testing was carried out at each birthday examination, except in children who have been given B.C.G. because of known contact with cases of tuberculosis. Positive reactions were found in 0.33% of the children tested.

Figures from 1953 are as follows:—

1953	0.45%
1954	0.54%
1955	0.10%
1956	0.12%
1957	0.12%
1958	0.06%
1959	0.13%
1960	0.29%
1961	0.42%
1962	0.33%

The following table shows the tests performed during the year:—

	Under 1 year	1 year	2 years	3 years	4 years	Total
Negative reaction ..	291	733	546	335	178	2,083
Positive reaction ..	—	1	3	2	1	7
Totals	291	734	549	337	179	2,090

Comments

Mantoux or Heaf tests were undertaken in all 7 cases, and in 3 gave confirmatory evidence of tuberculous infection. This gives a rate of 0.14% of confirmed positive reactions as compared with 0.26% in 1961. The remaining 4 cases were dismissed as false positive jelly tests.

Notes on confirmed positive reactors

Case 1:

Girl aged 2 years. Chest X-ray showed no active lesion, but drug treatment was started in view of a strongly positive Mantoux reaction. Contacts were examined but the source of the infection was not discovered.

Case 2:

Boy aged 4 years. No active lesions detected on chest X-ray. Drug therapy was started.

Examination of contacts revealed an active lesion in the paternal stepmother who was also given treatment. The contacts included a further known tuberculous case so that the precise source of infection remains in doubt.

Case 3:

Boy aged $3\frac{1}{2}$ years. Child had a normal chest X-ray and only a weakly positive reaction to Mantoux 1/100, suggestive of an old infection. The child remains under observation, but drug therapy has not been advised. The investigation of contacts is not yet complete.

Loan of test feeding scales

Accurate scales are loaned to mothers with breast feeding problems for use at home at the request of general practitioners, clinic doctor, health visitor or midwife. This occurred on 98 occasions in 1962.

(*d*) **Food and medicaments**

National Welfare Foods are distributed during office hours at a central distribution centre at the Health Department as well as at every child welfare clinic except St. Ebbe's Clinic which is served by the nearby central centre.

The number of items distributed during the year (with 1961 figures for comparison), were as follows:—

	At Health Department		At Clinics		Total	
	1961	1962	1961	1962	1961	1962
Tins of National Dried Milk	11,488	9,090	22,035	20,900	33,523	29,990
Bottles of National Cod-liver Oil Compound...	1,073	563	2,567	1,411	3,640	1,974
Bottles of Concentrated Orange Juice ...	11,539	7,898	30,845	21,337	42,384	29,235
Packets of Vitamin and Mineral tablets ...	2,053	1,177	3,534	2,098	5,587	3,275
	26,153	18,728	58,981	45,746	85,134	64,474

(These figures do not include items issued to hospitals and other institutions.)

There has been a further fall in the uptake of cod liver oil, concentrated orange juice and vitamin and mineral tablets.

Every effort is made by clinic doctors and health visitors to ensure a vitamin intake which is adequate on the one hand, and not excessive (in view of the danger of hypercalcaemia), on the other. Ascorbic acid tablets

are available if there is an intolerance to concentrated orange juice and the alternative proprietary preparations, and where families are in poor financial straits. These and Vitamin A and D drops are also given routinely to premature infants without charge.

(*e*) Teaching

Medical students from the Radcliffe Infirmary, during their paediatric training, each attend four sessions at child welfare clinics in order to receive instruction in child care, infant feeding and the various prophylactic procedures. The visits are preceded by two lectures on infant feeding given by the Senior Assistant Medical Officer for Maternity and Child Welfare.

General practitioners attending post-graduate courses organised by the Post-Graduate Medical School, may also attend child welfare clinics.

Student health visitors, pupil midwives and student district nurses attend for instruction in child care.

Opportunity for discussing problems and keeping in touch with current paediatric practice is provided by the post-graduate paediatric ward-rounds which assistant medical officers may attend on Saturday mornings.

3. Adoption Act 1958. (Dr. Wallis)

In addition to examinations carried out on babies of mothers in the Mother and Baby Hostel, 26 infants were examined on behalf of the Oxford City Children's Department prior to placement for adoption.

A statutory form in connection with the health of infants to be adopted is in existence, and similar forms are used by most Adoption Agencies, including the Oxford City Children's Department, as a guide to doctors examining infants prior to placement. However, no such guide is available regarding the health of adopters, although many Societies have devised a form of their own to ensure as far as possible that children will only be placed in families where it can be expected that both parents will survive in mental and physical health to see a child grow up. As the majority of applicants (who come from all over the country and occasionally from abroad) are in apparent good health, they may well be almost unknown to their family doctors, and experience has shown that there is considerable diversity of practice on the part of general practitioners regarding examination of adopters before they support or reject the application on health grounds. For this reason a form has been devised for use on a trial basis, which will indicate the desirability of a recent medical examination, and the type of information which is helpful in assessing the applicants as adopters. These forms will be scrutinised by a medical member of the Health Department staff who serves on the Adoption Sub-Committee of the Children's Committee.

4. Potentially Handicapped Children. (Dr. Wallis)

Much thought has been given to the question of setting up a register of children who are at risk of being handicapped. In Oxford a very high proportion of all infants attend Child Welfare Clinics (00% in 1962), and there are very exacting arrangements for the follow-up of one of the most important groups, viz. premature babies. In view of this it has been decided that the labour involved in setting up a register would not be justified. Instead, doctors at the Child Welfare Clinics will keep a special watch on all children where risk factors have operated.

The early diagnosis of deafness is of particular importance in view of the improved end result which can be achieved by the early use of hearing aids combined with special auditory training. At the time of writing it is possible to report that all doctors who hold Child Welfare Clinic sessions within the City have had an opportunity of seeing sweep tests of hearing carried out on young children from 7 months old, and it is planned to train all Health Visitors to give the tests as well. As a result of this it is hoped that tests for hearing will become part of the routine of examination for children approaching their first birthday, and that very few children who live in Oxford and particularly those in whom adverse factors have operated at some phase of development and growth, will reach the age of 1 year without having had such a test.

5. Register of handicapped pre-school children

Since June, 1954, the Senior Assistant Medical Officer for Maternity and Child Welfare has kept a register of handicapped pre-school children. Initial notification is done by the health visitors and the progress and needs of each case are discussed at intervals by the Senior Assistant Medical Officer and the health visitors concerned. It is hoped that in this way the Department's contribution to providing support for the parents of these children can be ensured.

Information about these children is passed to the School Health Service or to the Mental Welfare Section when it becomes clear that some special action will have to be taken. In this way it is hoped to ensure that no handicapped child reaches school age without previous assessment of his special needs.

During the year 23 new cases were registered. The nature of their handicap was as follows:—

Congenital deformities	7
Neurological complaints	7
Mental retardation	6
Deafness	1
Hypothyroidism	1
Hydronephrosis	1

At the end of the year there were 61 children on the list. Of the 57 receiving adequate home care, 5 attended the Training Centre, 1 attended the Partially deaf unit and 1 attended the Spastics Centre. Of the rest, 2 were at the Special Unit, Marlborough Convalescent Home; 1 was at Bradwell Grove Hospital, and 1 at St. John's School, Boston Spa. Two handicapped children died in the course of the year.

Comments

There were 28 infant deaths in 1962, only 3 occurring at home. This represents an infant mortality rate of 16.52% as compared with the national figure of 21.4%.

Twenty-one of these deaths occurred in the first week and 2 in the second week, so that 23 or 82% of the total took place in the neonatal period.

Extreme prematurity was the only recognised cause of death in 2 cases, and a contributory cause in a further 10 cases. The extension of preventive action must await elucidation of the cause of prematurity in the substantial proportion of cases in which this is still unknown. The rising standard of antenatal care should help to minimise the number of cases of premature labour due to known causes.

Congenital defects were present in 9 of the infant deaths and were the only factors in 7 of these. In the other two cases infection contributed to the fatal outcome. Infection was solely responsible for a further 3 deaths. The social conditions were satisfactory in all 3 of these cases. The first child was admitted to hospital because of vomiting and failure to thrive, and was found to have a milk allergy and urinary infection. Death at 4 months was due to moniliasis and respiratory obstruction. The second child was also admitted to hospital because of failure to thrive but improved and was discharged, dying later of acute bronchiolitis at the age of 3 months. The third death was attributed to the same cause, but took place suddenly in a child who had previously made good progress.

Drug induced congenital defects have recently given a fresh impetus to research into other aetiological factors, and have bred a healthy awareness of the potential toxicity of drugs given in pregnancy. It is hoped that current studies will unearth further remediable factors and so contribute to a reduction in infant mortality on this score.

The remaining 4 infant deaths all occurred within the first week of life and were attributed to intrauterine asphyxia, subdural haemorrhage, respiratory distress syndrome and secondary atelectasis respectively.

6. Infant deaths in 1962

CAUSES OF DEATH	WEEKS				Total	MONTHS				Grand Total	Died in institutions
	0-1	1-	2-	3-4		1-	3-	6-	9-12		
Extreme prematurity	2	—	—	—	2	—	—	—	—	2	2
Extreme prematurity and antepartum haemorrhage ..	1	—	—	—	1	—	—	—	—	1	1
Prematurity and multiple congenital abnormalities ..	2	—	—	—	2	—	—	—	—	2	1
Prematurity and intracranial haemorrhage	4	—	—	—	4	—	—	—	—	4	4
Prematurity and respiratory distress syndrome ..	2	—	—	—	2	—	—	—	—	2	2
Prematurity, oesophagitis and pneumonia	—	1	—	—	1	—	—	—	—	1	1
Intrauterine asphyxia	1	—	—	—	1	—	—	—	—	1	1
Subdural haemorrhage	1	—	—	—	1	—	—	—	—	1	1
Respiratory distress syndrome and congestive cardiac failure	1	—	—	—	1	—	—	—	—	1	1
Secondary atelectasis	1	—	—	—	1	—	—	—	—	1	1
Respiratory obstruction and moniliasis	—	—	—	—	—	—	1	—	—	1	1
Multiple congenital abnormalities	3	—	—	—	3	—	—	—	—	3	3
Congenital heart disease	1	1	—	—	2	1	—	—	—	3	3
Oesophageal atresia and oesophago tracheal fistula ..	1	—	—	—	1	—	—	—	—	1	1
Bronchopneumonia and meningomyelocele	1	—	—	—	1	—	—	—	—	1	1
Meningitis hydrocephalus and meningocele	—	—	—	—	—	1	—	—	—	1	1
Acute bronchiolitis	—	—	—	—	—	—	1	—	1	2	—
	21	2	—	—	23	2	2	—	1	28	25

7. Nurseries

(a) Day Nurseries

The two day nurseries continued to admit children under the age of three years who cannot be cared for adequately by their mothers owing to some special hardship.

The decision to admit a child is the responsibility of one of the assistant medical officers of health who investigates the case fully and sanctions admission only if it is considered to be in the best interests of the child.

Reasons for admission of new children were as follows:—

	Botley Road	*Florence Park*
Doctor's recommendation	10	5
Illegitimate children	11	20
Illness of parent	3	3
Parents separated	2	2
	26	30

Details of attendances and staffing during the year are given in the following table.

	No. of places available at end of year	No. of admissions during year		No. on register at end of year		Average daily attendance		Number of staff at end of year
		Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	
Botley Road	30	19	7	8	13	10.15	9.16	4
Florence Park	30	26	4	15	15	12.57	11.08	4

Comments

The nurseries are visited weekly by the same assistant medical officer of health who supervises the health and welfare of the children, and, with the written consent of the mother, carries out any immunisation procedures which may be advisable.

In August, oil fired central heating was installed at Botley Road nursery. This has proved to be a great improvement. The dampness has been overcome and an adequate temperature is readily maintained throughout the nursery.

The maximum charge for a child's maintenance at the nursery was 12/9 per day. Parents are assessed according to income, subject to a minimum charge of 1/- per day.

The following table shows the assessments for children on the register at 31st December, 1962:—

Assessed to pay	*Botley Road*	*Florence Park*
12/9 per day (maximum)	1	2
12/6 per day	—	1
8/3 to 5/- per day	3	7
3/6 to 2/- per day	5	6
1/11 to 1/1 per day	4	3
1/- per day (minimum)	6	8
*Children from other local authorities	2	3
	21	30

* In these cases the County authority is responsible for the payment of the full cost.

Both nurseries provide training facilities for students attending the Education Department's course for the National Nursery Examination Board Certificate.

(b) Nurseries and Child Minders Regulation Act, 1948

Details of registration under the Act are shown in the following table:

	Number registered at 31.12.62	Number of children provided for
Premises	5	140

8. Co-ordinating committee for children neglected or ill-treated in their own homes

The Committee, under the Chairmanship of the Children's Officer, met every six weeks during the year and a total of 48 families were discussed, many of them on several occasions. In addition, case conferences of the individual workers concerned, including the family doctor and health visitor, were held on a number of occasions.

The meetings are of value in permitting members to pool information and agree on future policy. It is hoped to achieve co-ordinated action which is aimed at obtaining the most effective help and guidance for the family under review.

9. Care of illegitimate children

There were 158 registered illegitimate live-births to Oxford residents in 1962. This represents 9.3% of all live-births compared with 9.7% in 1961 and 8.8% in 1960.

Of the 133 illegitimate births which occurred in the City, there were 43 cases where the father and mother registered the birth together—so that in a fair proportion of cases the parents may said to be living in "stable union". It is the woman without support who is in particular need of help, and especially the very young girl whose extreme youth makes her incapable of supporting a child or appreciating the responsibility of motherhood. It is thus necessary to provide help for such mothers and babies over and above the services available for other mothers and children. To meet these needs the City Council provides a mother and baby hostel and arranges for the provision of a special social worker.

Mother and Baby Hostel

The hostel admits mothers in pregnancy when the need arises. They have their babies in hospital and return to the hostel where they remain until the baby is established and a plan for its future has been made.

Cases are admitted at the request of other local health authorities, who are responsible for the full cost of maintenance, when vacancies arise. In fact 19 such cases were admitted in 1962.

There is an annexe, consisting of a single room with toilet facilities, in which a homeless woman with or without a baby can be given overnight accommodation. There were 22 admissions to the annexe during the year.

Admissions and discharges during the year (excluding the annexe) were as follows:—

	Admissions	*Discharges*
Mothers	46	43
Babies	32	30

The average length of stay was as follows:—

Antenatal	$4\frac{1}{2}$ weeks
Postnatal	$5\frac{1}{2}$ weeks

The disposal of the 23 City mothers with illegitimate babies discharged during the year was as follows:—

Discharged with every prospect of keeping baby and giving it adequate care (i.e. own home, resident post, marriage, etc.) ..	11
Mother to own home, baby to adopters	3
Mother to own home, baby to residential nursery	3
Mother to lodgings, baby to adopters	2
Mother to lodgings, baby to foster home	1
Mother to lodgings, baby to residential nursery	1
Mother to resident post, baby to residential nursery	1
Mother to sister's home, baby to foster home	1

(ii) Provision of a special social worker

The City Council pays an annual grant to the Oxford City Moral Welfare Association (£400) for the services of their moral welfare worker, who works in close co-operation with the Health Department and attends the monthly meetings of the House Committee which administers the hostel. We are grateful for the following report submitted by the worker, Miss C. C. Holman, for 1962:—

During the year 80 new cases were referred to me: 62 were maternity, 6 preventive, 10 matrimonial and family problems and 2 were personal problems. In addition 53 cases from earlier years were being helped during part or all of the year.

The new cases were referred by:

Health Department	21
General Practitioners	11
Almoners	9
Parents and friends	6
Personal application	6
Probation Officers	4
Police	3
Clergymen	3
Employers	5
Citizens' Advice Bureau	3
National Council for Unmarried Mother and Child	2
Children's Department	2
Moral Welfare Worker	2
Solicitor	1
Headmistress	1
Landlady	1

Maternity Cases

The ages of the mothers when referred were:—

14 years	1
15 ,,	2
16 ,,	3
17 ,,	5
18 ,,	5
19 ,,	9
20 ,,	9
21—30 years	21
Over 30 years	7

Employment

Clerical	21
Domestic	11
Nursing	7
Factories	5
Shops	6
Housewives	2
At school	1
Miscellaneous	3
Unemployed	6

55 were from Great Britain, 4 were West Indians and the remaining three Australian, Canadian and Swiss. All but 4 were single women; 3 being married and 1 divorced. 46 had homes in the City, and 16, though resident at the time of referral had more permanent homes elsewhere. 17 of them were cared for at the City Mother and Baby Hostel, usually for about 6 weeks before confinement, and up to 8 weeks afterwards. 4 others were booked for admission in 1963. 5 girls who particularly wished to be away from Oxford were admitted to Moral Welfare Homes away from the district. The families concerned accepted full financial responsibility in these cases.

In 26 of the new cases I was able to see the man named as the father of the child, and discuss his responsibilities with him. In 20 of these cases financial help has been obtained, either by agreement or by affiliation orders. Now that legal aid is available in affiliation cases one hopes that there will be a considerable rise in the number of applications. The ages of the putative fathers were from 17—54 years. 24 were single, 20 married and the status of the remainder not known to me. There was a wide range of nationalities, though the majority were from the British Isles. 6 were from the West Indies and 6 from the United States. There was a great variety of occupations and professions.

Some girls find their way to the office quite early in pregnancy. Others, reluctant to face the full implications of their condition, put off making arrangements or asking for advice until the last moment. Some who have managed to sort things out quite well for themselves during pregnancy, through change of plans, find they need help after the birth of the child. This is usually in connection with the child's father, or employment, or nursery care.

A number of girls were very definite about their intention to keep their child from the start, even when there was no prospect of marriage to the child's father. Several of these have been intelligent girls, well able to assess the problems involved, both to the child and themselves. If the relationship with the man has been a deep emotional experience, and he be not available for marriage, there may well be the thought, "If I cannot

have him, at any rate I will have his child". What of the future if she falls in love with another man later on ? Will the first man's child be then rejected, or will the maternal feelings have developed so that the child is accepted for itself alone ?

Other girls, equally determined to keep their babies, describe only a short and rather casual relationship with the man. They rarely speak of him and if at all pressed to do so, seem to have only a vague recollection of him as a person. Are these, perhaps, young women having strong maternal urges but nevertheless resisting the total commitment of themselves implied by marriage ? To help a young mother to have deeper insight, and to understand the conflict of emotional stresses at such a time is extremely important. A wrong decision at such a time may result in a lifetime of regret.

I have been interested to note quite a number of expectant mothers who were offered marriage by the man concerned, but who wishes to discuss the pros and cons of marriage at that stage with a third person.

For those mothers who ask for the adoption of their babies, this is arranged through a registered Adoption Society. A few mothers show little realism about adoption, and are unwilling to accept the idea that for medical, racial or other reasons an immediate placement with adoptive parents may not be practicable. I am grateful for the co-operation of the C. of E. Children's Society, Father Hudson's Homes, and Dr. Barnardo's Homes, in accepting care of such children in their nurseries or with foster parents with a view to adoption whenever this becomes possible.

Increasingly mothers ask for their children to be removed from their care as soon as they are ready to leave hospital, when the baby is only nine or ten days old. Quite often the reason given is "I am afraid of getting too fond of it". This is a real dilemma for many mothers, and does not always imply deliberate rejection of all parental responsibility. Two or three expressed surprise that they should be expected even to supply any clothing for their babies. Their general attitude was that the social services existed to cope with all that sort of thing. Why should they be worried ? On the other hand, one girl who insisted on parting from her baby at ten days, asked to be allowed to breast-feed it in hospital. There is no doubt that many of those who plan adoption before its birth suffer intense conflict when the child is a baby beside them.

Preventive cases

There are still only a small number referred; in most of these there was evidence of a lessening of tension in the home. It is fascinating to help these girls to look at themselves objectively, and at their parents as persons, and not just as "misguided authority". One is impressed by their honesty in discussing their difficulties, and one's heart warmed to the aggressive fifteen year old who announced after much reflection and nail-biting, "I'll tell you what—I've been behaving like a child of ten".

Family and Personal Problems

Casework was continued with several families referred in earlier years, and a number of new ones. Home visiting has, in my opinion, been of the greatest value. There are cases where either husband or wife is so despondent about the whole situation that they no longer have any hope to give them the impulse to seek help. However, when they will accept home visiting, sometimes the embers can be stirred again, and there have been several instances where a real building up of home life has occurred in thoroughly unpromising conditions.

The two cases designated as "personal" were both of young men isolated from their families and feeling themselves to be complete social misfits.

Educational work

I addressed 25 meetings during the year. The majority were to Mothers' Union groups, and other Church groups. Two were meetings of parent/teacher associations, both lively and well-attended meetings where fathers asked rather more questions than mothers. Three meetings were for students, four for senior girls in schools, and one a mixed group of school-leavers at a Conference. I attended a second Conference of school-leavers as a group leader.

General Observations

It is now five years since I moved to the Association's house in Monmouth Road, and I am entirely convinced of the value of such a setting for this type of work. It is very much easier to fix evening appointments to see people when one's office and home are under the same roof, and to deal with the sort of family crisis which all too often occurs at the week-end, and where a "calming-down" visit is clearly needed.

Unhurried interviews are possible in an atmosphere which is sufficiently informal to be reassuring to the over-anxious. Although a good deal of my time is spent visiting, the regular office hours have been maintained, so that there are times every day when people can be sure of a reply if they telephone or call.

I am grateful for the continuing help of Mrs. Williamson as part-time Secretary, and for the unfailing support of the Committee. To them and to many colleagues in the statutory and voluntary social services in Oxford I extend my thanks for much co-operation and help in 1962.

SECTION VI

MATERNITY AND CHILD WELFARE DENTAL SERVICE

There has been a further increase of 25% in the number of pre-school children dentally examined as part of the Maternity and Child Welfare service this year, in large part due to the efforts of medical officers, nurses and health visitors in persuading parents to bring their children to the clinic for an examination before emergencies arise. The dental officer is often asked by parents to "have a look at" a smaller brother or sister of a school child undergoing treatment; this may be the best way of introducing a young child to dentistry, especially if the first encounter occurs early enough for treatment to be unnecessary. Children should begin visiting the dentist regularly at no later than the age of three years, for if the first meeting with the dentist is delayed it may be an unforgettably unpleasant experience, instead of a relatively unimportant incident in the process of "growing up". If this point were widely accepted as a matter of course by parents, something of real importance in the realm of health education would have been achieved.

Many parents now ask to be included in the scheme for regular six monthly examinations and, as a result, a smaller proportion of children examined were in need of treatment and each had less to be done than last year. This scheme is so valuable a part of the dental service that such requests must be encouraged by every means and will be given first priority at the clinics.

(a) Numbers provided with dental care

	Examined	Needing Treatment	Treated	Made dentally fit
Expectant and nursing mothers ..	7	6	6	5
Children under five	43	27	27	24

(b) Forms of dental treatment provided

	Extractions	General anaesthetics	Fillings	No. of inlays	No. of crowns	Scalings and gum treatment	Radiographs	Silver nitrate treatment	Dentures	
									Complete	Partial
Expectant and nursing mothers	5	—	15	—	—	5	—	—	—	2
Children under five ..	6	—	40	—	—	—	—	17	—	—

SECTION VII

MENTAL HEALTH

Report by G. F. Willson, M.D., D.P.H
Deputy Medical Officer of Health

1. Administration

(a) Mental Health Committee

Constitution of the Mental Health Sub-Committee of the Health Committee, which meets monthly, consists of 8 members of Council and 3 co-opted members.

(b) Staff

(i) *Medical*

The Medical Officer of Health has delegated to his Deputy the day-to-day supervision of the Section and the Deputy Medical Officer of Health attends the meetings of the Mental Health Sub-Committee.

(ii) *Non-Medical*

1 Senior Mental Welfare Officer (male) full-time;
3 Mental Welfare Officers (2 male, 1 female), full-time;
1 Trainee Mental Welfare Officer (post vacant);
1 Clerical Assistant (female), full-time.

The mental welfare officers undertake the social and community care for both subnormal and mentally ill patients. A rota of duty has been arranged so that one mental welfare officer is always available to deal with emergencies. There is an arrangement for mutual help between mental welfare officers of the City and County of Oxford to cover such factors as holidays and illness.

(c) Co-ordination with Hospitals

Four members of the Mental Health Sub-Committee serve on the Management Committee of Littlemore Hospital and two members on that of the Warneford and Park Hospitals. The Medical Officer of Health is a member of the Warneford and Park Hospitals Management Committee and the Deputy Medical Officer of Health is a member of the Littlemore Hospital Management Committee.

The mental welfare officers have continued to attend regularly at out-patient clinics, case reviews and clinical meetings at the Warneford Hospital and we are most grateful to Dr. McInnes and his staff for making these facilities available.

The mental welfare officers have also continued to provide after-care for certain patients discharged from Littlemore Hospital at the request of the consultant concerned. At the invitation of Dr. B. M. Mandelbrote mental welfare officers and health visitors are able to attend regularly at case conferences and are also free to visit at any time patients in whom

they have a particular interest. Knowledge is thus gained of patients for whom after-care may have to be provided in the future, and information can be exchanged with regard to the social background of patients being considered for discharge.

(d) Duties delegated to Voluntary Associations

No duty of the local authority has been delegated to voluntary associations.

The City Council continues to make a grant to the Oxford Voluntary Association for Mental Health and has also made a grant to the National Association for Mental Health.

(e) Training of Mental Welfare Officers

A most important aspect of this training has been considered in paragraph (*c*) above. There is no doubt that the close degree of co-operation now being achieved between the local authority and psychiatric hospitals, resulting in a friendly and informal association with psychiatrists and many other hospital workers, is most beneficial. More thorough participation in the care of the mentally disordered stimulates interest and leads to increase in knowldege and efficiency.

In addition, the senior mental welfare officer attended the annual conference of the Federation of Associations of Mental Health Workers and two other officers attended a conference arranged by the National Association for Mental Health on The E.S.N. School Leaver and his Problems.

2. Account of Work undertaken in the Community

A. Under Section 28, National Health Service Act, 1946

Prevention, care and after-care

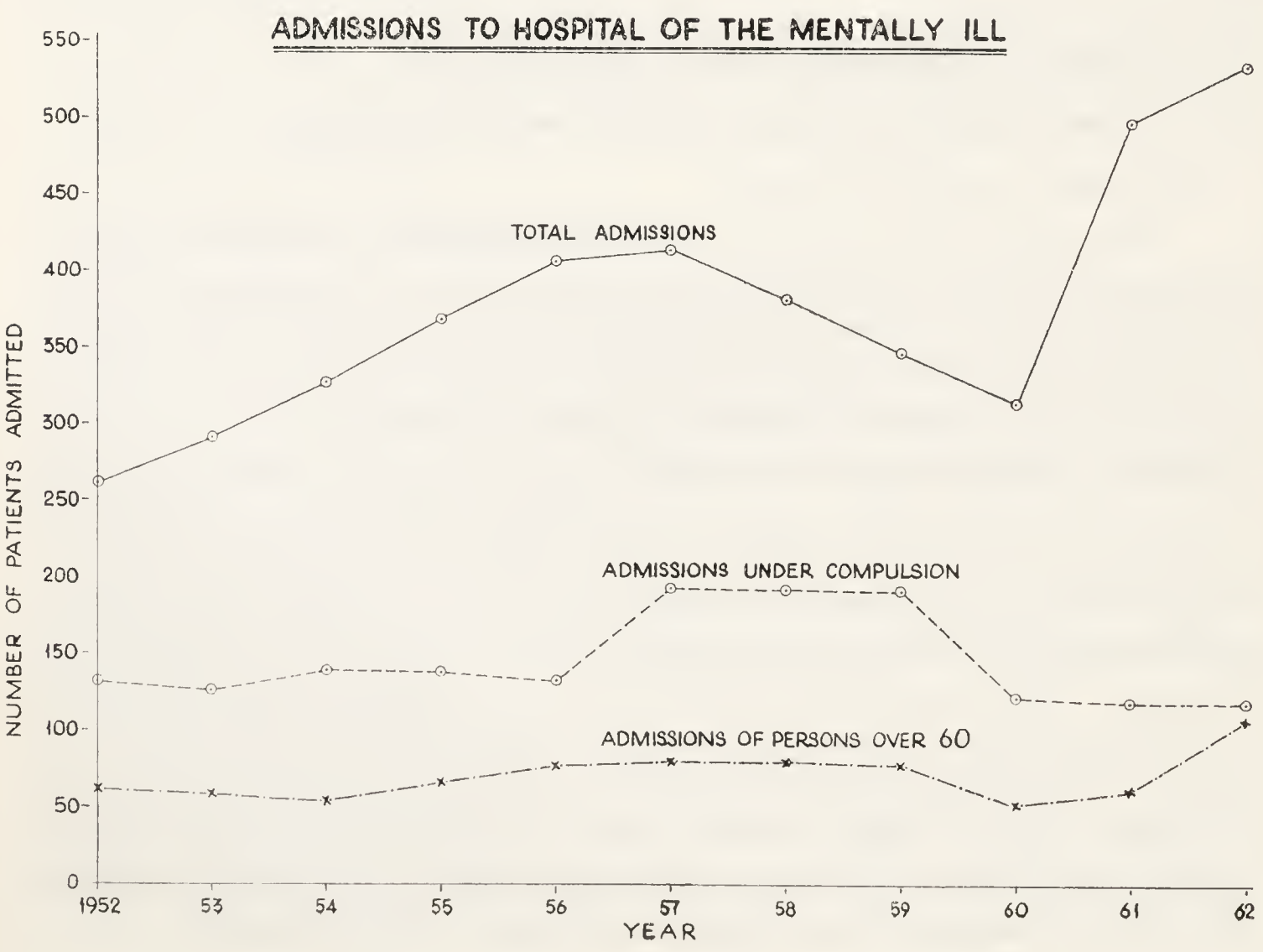
The scope of this work is increasing steadily as a result of the increased emphasis on community care brought about by the Mental Health Act 1959. At the request of the family doctor, the mental welfare officers visit patients in their homes to establish friendly relations and to estimate the extent and nature of the help required. Should the patient be admitted to hospital the previous establishment of a good relationship with the mental welfare officers is of great value when the patient is discharged and in need of further assistance. The amount of supervisory work increases both because persons mentally ill are now treated as out-patients and because of the much more rapid turnover of patients admitted to hospital. Earlier and more effective treatment in hospital is lessening the need for prolonged care and the active rehabilitation of the long stay patients is making an increasing number of them fit for care in the community. Responsibility for this care is divided between the hospital psychiatric social workers and the local authority mental welfare officers by mutual arrangement according to the type of case involved.

B. The Mentally Ill

(i) Patients admitted and discharged from hospital

Admissions—	1961	1962
Section 25 (admission for observation on 2 medical certificates)	44	46
Section 26 (admission for treatment on 2 medical certificates)	12	8
Section 29 (emergency admission on 1 medical certificate)	58	60
Section 60 (admission via a court of assize or quarter sessions)	5	2
Section 65 (court order restricting discharge) ..	—	1
Section 71 (custody during Her Majesty's pleasure)	—	1
Informal	377	415
	496	533

The above table shows the total number of admissions to be slightly greater than in 1961, thus continuing the upward trend previously noted. Since 1952 the number of admissions has more than doubled but the following graph shows that the number of patients admitted under compulsion has remained remarkably constant so that the excess admissions in comparison with earlier years is due to the greater number of informal patients being admitted.



There is an increasing tendency for patients to be admitted to hospital for short periods of treatment after which they are discharged home. Some patients are therefore admitted for short periods on a number of occasions and, in fact, during 1962, 107 City patients (20% of the total admissions) had been in hospital during the previous 12 months at the time of their admission. This compares with 61 readmissions (12% of the total) the previous year. It is evident, therefore, that the rise in the number of readmissions (46) during the past 2 years is more than sufficient to account for the rise in the total number of admissions during the same period.

Discharges

A total of 499 City patients are recorded as having been discharged from hospital during the year compared with the total of 533 admissions. (This figure includes 32 deaths). At the end of the year 272 persons (126 male and 146 female) who had been mentally ill and had been discharged from hospital were being supervised by the mental welfare officers compared with 237 persons the previous year. In addition 9 psychopaths were under supervision.

(ii) Old Age and Mental Illness

The number of admissions of persons over the age of 60 was 106 (32 male, 74 female) compared with 61 admissions the previous year. Of the total, 80 were admitted as informal patients and 26 were subjected to compulsion. 98 of the admissions were to Littlemore Hospital and the remaining 8 to the Warneford Hospital.

	Number of Admissions					
	1957	1958	1959	1960	1961	1962
60 to 69 years	31	27	35	23	35	49
70 to 79 years	34	42	26	24	20	34
Over 80 years	15	11	17	5	6	23
	80	80	78	52	61	106

This increase of 74% over the previous year's admissions is difficult to explain. 28 of them (i.e. just over 25%) were readmissions within 12 months of the last discharge from hospital.

The admissions were spread fairly evenly throughout the year except that there were a few more in June, July and August than any other 3 month period.

Monthly Admissions

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
5	8	9	10	8	14	11	11	8	8	6	8

As stated in previous years it is hoped to absorb most of the old people from Littlemore Hospital who no longer require hospital care but who do not have suitable homes to which they can go, into Part III accommodation. This plan has been greatly hampered by the shortage of such accommodation and the pressure for any available places exerted by the large number of old people already on the urgent waiting list. However, with the opening of a new home, Oseney Court, in May 1963 and the steady implementation of the building programme over the next few years, there should eventually be no difficulty in admitting suitable hospital cases without delay. The retention of such cases in welfare homes is, of course, dependent upon their being easily assimilated without prejudice to others living there. Should there be at any time in the future a build-up of old persons exhibiting tiresome behaviour disorders then it might prove necessary to consider their segregation in a separate home.

C. Subnormality

(i) Ascertainment

During the year 32 new cases were added to the register compared with 18 in 1961. 6 of them were reported by the Education Committee, 1 having been ascertained as incapable of receiving education at school and 5 as being in need of supervision after leaving school. The remaining new cases included 7 admissions to Borocourt Hospital, 3 to Cumnor Rise Hostel, 2 to Smith Hospital, Henley, and 8 to the Training Centre.

The waiting lists for institutional accommodation at the end of 1962 compared with previous years are:—

	1962	1961	1960	1959	1958	1957	1956
Children under 5 ..	2	1	2	3	1	1	0
Children 5—15	5	5	6	2	3	3	1
Adults	5	7	9	7	6	7	5

(ii) Guardianship and Supervision

At the end of the year 5 cases remained under guardianship. Of these 1 was living in Oxford, 2 were in care of the Brighton Guardianship Society and 2 were working at a private nursing home in Buckinghamshire.

In addition 89 cases were being kept under supervision by the mental welfare officers.

(iii) Discharge of Subnormal Patients

During the year 4 Oxford City cases (4 male) were discharged from order. Of these, 3 remained in hospital as informal patients and the remaining one is being supervised by the mental welfare officers.

(iv) The Training Centre

At the end of the year 68 children and adults were attending the Training Centre, 6 more than in the previous year and 22 more than in 1959. The total was made up of 50 Oxford City trainees and 9 each from Oxfordshire and Berkshire. They may be grouped by age as follows:

Under 8 years	13
8—16	38
Over 16	17 (13 female, 4 male)

Remunerative contract work has been undertaken when available but the present small numbers of suitable adult trainees has continued to hamper the performance of such work.

After the eventual establishment of a separate Senior Training Centre (described later in this report) which will take the gradually increasing numbers of adult trainees, it is expected that the amount of contract work undertaken will be built up into a substantial quantity. Contract work is also being sought for their own sheltered workshops by Oxfordshire County Council and Littlemore Hospital Management Committee, and in order to promote collaboration rather than competition between the three authorities concerned talks have taken place between their representatives with a view to the establishment of an advisory committee which would co-ordinate the work of all concerned, help in matters of industrial relations and endeavour to interest various sections of industry in the possibilities of the scheme.

With the help of the Parents' Association 28 children together with 3 staff went on the annual holiday to Bognor Regis during the first fortnight of May. Those unable to visit Bognor had two outings arranged for them, one a visit to Chessington Zoo and the other a trip to Southsea.

As a result of the efforts of the Association and Centre staff, the proceeds of the annual jumble sale and of the sale of work amounted to approximately £27 and £112 respectively. Girls from Littlemore Grammar School very kindly helped with the running of the sale of work and, not to be outdone, the children of Northfield School invited all the trainees to a Christmas party which was a great success. Members of the U.S. Airforce stationed at Upper Heyford made their customary Christmas visit to the Centre, this year bringing with them, in addition to generous quantities of fruit and sweets, some splendid climbing apparatus which is now installed in the playground.

As in previous years helpful grants were also contributed by the City Council and the City magistrates.

The monthly club meetings of the Oxford and District Branch of the National Society for Mentally Handicapped Children are attended by a number of children from the Training Centre and their parents.

(v) Institutional Care

No. in Institutions within the Region	*M.*	*F.*
Borocourt	23	32
Cumnor Rise	—	11
Smith Hospital, Henley	4	2
Style Acre, nr. Wallingford	3	—
Wayland Hospital	—	13
Bradwell Grove Hospital	13	1
Cotshill Hospital	5	3
Northview Hospital	—	4
Pewsey Hospital	7	7
Purley Park, Reading	2	—
	—	—
	57	73—130
On licence from Borocourt	2	4
On licence from Pewsey	1	—
	—	—
	60	77—137

No. in Institutions outside the Region	*M.*	*F.*
St. Mary's Home, Alton	—	1
St. Mary's Home, Buxted	—	2
St. John's Hostel, Camberwell	—	1
Aylesbury, The Manor House	2	5
Aylesbury, Tindal General Hospital	—	1
Barvin Park, Potters Bar	4	—
Bristol, Brentry Colony	1	—
Bristol, Hortham Colony	—	1
Bristol, Stoke Park Colony	3	3
Brockhall Hospital, Lango	1	—
Buntingford	3	—
Cell Barnes Colony	1	1
Easthampstead	1	—
Etlow House	—	2
Leybourne Grange Colony	1	—
Little Plumstead Hospital, Kent	1	—
Lisieux Hall	1	—
Royal Western Counties Hospital, Starcross	—	1
Stallington Hall, Stoke-on-Trent	1	—
Stourbridge, Sunfield Children's Home	1	—
Wellington, Sunshine Home	1	—
State Institutions for Dangerous Defectives	4	4
Warwick State Institution	—	1
	—	—
	26	23— 49

D. Future Developments

1. Hostel for subnormal children

As stated in last year's report this hostel will, in the main, be for the reception of children who could attend the Centre but who are not able, for various reasons, to live at home. It will also be used for the temporary admission of children who normally live at home in order to give their parents a rest or holiday. Children in care of the Children's Committee who, because of subnormality, are not suitable for retention in an ordinary children's home will also be admitted.

The building of this hostel on a site adjacent to the Training Centre was commenced in the autumn, 1962. Unfortunately, the severe winter has greatly restricted the work carried out but it is hoped that the building will be ready for occupation by the end of 1963.

2. Hostel for subnormal males

Premises are still being sought for use as a hostel by subnormal youths and young adults who are able to work but who are unable to live at home. Unfortunately, the very few houses of sufficient size for adaptation which have come on to the market during the past 2 years have all been badly sited or unobtainable for some reason.

3. Senior Training Centre

After giving further thought to this project and having discussed it with the Ministry's officials it had been decided to alter radically the plans briefly mentioned in last year's report. Negotiations are now taking place to secure, if possible, a larger site near the area of industrial development in Cowley. Plans are being drawn for a centre which will provide places for 60 adults initially and which will lend itself to expansion in the future should this prove necessary. The main features will be a large workshop with ample storage space and a covered unloading bay for vehicles. In addition there will be a room for domestic subjects, a class room for further educational activities, a canteen with its own kitchen and recreational and gardening space outside.

4. Junior Training Centre

When the senior centre as described above has been established it will be possible to re-organise the present Centre to cater for children of all ages up to about 16. This will satisfy the present need for facilities for children under 5 and also make it possible to set up a Special Care Unit for more severely handicapped children who cannot at present be admitted.

5. Hostel for the mentally ill

Since the last report was written a more suitable site has become available on land, as yet undeveloped, at Rose Hill. This will allow more

spacious development than the cramped site near the Park and Warneford Hospitals which was previously being considered. The great majority of patients admitted to this Hostel are likely to be transferred from mental hospitals and will be those who no longer require hospital treatment or management but whom it has not been possible to establish independently in the community. Some will be capable of holding jobs, others will not be able to do more than participate in a programme of activities arranged for them under supervision. All are likely to be very long stay cases as most of those capable of achieving independence will have been sieved off by previous admission to the half-way houses attached to Littlemore Hospital.

SECTION VIII

WELFARE SERVICES

Report by J. C. Davenport
Chief Welfare Services Officer

As from July, 1948, the City Council has delegated to the Health Committee its functions under the National Assistance Act, 1948, and the Welfare Services Sub-Committee meets monthly to deal with the administration of the Welfare Services of the City. Duties in relation to the management of residential accommodation provided under Section 21 of the Act are delegated to a House Section of the Welfare Services Sub-Committee.

(1) General Welfare arrangements for the Aged and Infirm

The Welfare Services Section staff have continued and increased their work in helping to make life more comfortable for the aged and infirm living in their own homes in the City. In this work they have been helped very considerably by voluntary and community associations, and the churches who have set up special Old People's Welfare Committees in their areas.

There is no doubt that the provision of an adequate domiciliary welfare service is the principal function of Local Authority Welfare Services and the one which is of most benefit to old people. All too often there is a tendency even amongst the best intentioned people, to classify elderly persons as a group for whom some single magical formula, when applied, will bring about a solution to each person's problems. As a result, we hear constant demands that old people want "this or that", and that "this or that" will solve the whole problem of social welfare. There is no doubt that some of our senior citizens do require what is being asked for, but it is quite probable that many more do not.

In my experience the great majority of elderly and infirm persons require the feeling that they are still a useful individual, enjoying not as a privilege, but as a natural consequence, feelings of love, respect and companionship. Some old people obtain this sense of being wanted by finding it in the company of young children, who, with their questions, and respect for the answers, rekindle in memory the more useful and active days of the old person. As a result the older person appears to be, and probably is, happy in the company of children. But this does not mean that they prefer the company of children to the exclusion of other people. Some would be equally happy in other groups if they felt they were as useful. In other aspects it is often said that old people should be able to go to bed in the afternoon, and this is said frequently when the old person

is living in an old person's Home. I have often wondered if they really do, or is it sheer boredom in some cases. All of this leads one to the inevitable conclusion, that social welfare, in every respect, is an individual service, and is of most benefit when it is provided on an individual basis. In providing such a service the first and only principle to resolve is what does the recipient want to improve his or her lot, and then the service should be designed to fit with that individual's need.

This is the pattern of service provided by the Welfare Services Section with the help and co-operation of other Departments of the Council and the help of numerous voluntary workers. It is true to say that most old people would wish to live in a home of their own, and every effort is made to help them achieve this wish. One of the most useful services in this sphere of work is the regular social visiting of the elderly, particularly those who spend many hours each day alone in their home, and who are unable, either through physical or geographical obstacles, to attend one of the many old people's Clubs in the City. This visiting service is provided in the City by the friendly visitors organised by the Council of Social Service Old People's Welfare Committee; the helpers attached to the Meals on Wheels Service operated by the Women's Voluntary Service and the British Red Cross; Church and voluntary helpers, and by Welfare Officers. Each visitor is encouraged not only to become a friendly visitor but to become a personal friend. By doing this the visitor can provide a relief from loneliness, help with day to day necessities such as shopping, enhance the feeling of the old person that someone cares for them as an individual, and provide that ready source of information to the Local or Statutory Authority that will enable more concentrated help to be readily available when it is needed.

To ensure that this pattern of service is successful, however, it is necessary for the answers to individual problems to be available, and to this end the Council have continued and expanded their policy of providing practical domiciliary Welfare Services. Oxford pioneered some of the Services now commonplace throughout the country, and it is believed that we are continuing to lead. For instance short stay accommodation in Homes for old people for those who need a rest and building up, or for the benefit of relatives or friends looking after them, has expanded every year since 1952 and is continuing to do so. A similar statement can be made about the Meals on Wheels Service, where Oxford is one of the few Authorities who provide meals on at least five days per week. Chiropody and laundry services are both increasingly more readily available, and the latest addition to the services provided by the Council is the introduction of bathing assistance. In this respect help is now available to old people in their own homes to enable them to bath with either the assistance of a helper or just with the knowledge that someone else is in the house. Where no bathing facilities exist in the house the service is available in the nearest Old People's Home.

Altogether, Welfare Officers, paid a total of 9,013 visits in 1962 to aged

and infirm persons, and this total must have been considerably exceeded by other voluntary and statutory agency visitors. On 31st December, 1962, there were 1,539 persons who were receiving help from the Local Authority Welfare Services, and a further 320 who were receiving regular visiting and help from voluntary visitors and the Meals on Wheels Service.

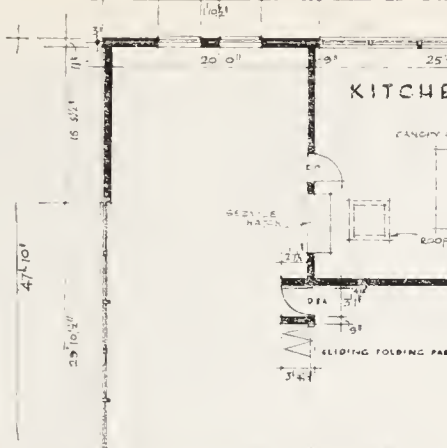
The programme of providing specially designed residential accommodation for the more infirm advanced another step when Cutteslowe Court was opened early in 1962. This Home, in addition to providing a further sixty beds, enabled the Authority to close down completely the institution at Headington. In 1948 this building, The Laurels, was the only Part III accommodation left to the Authority for housing old people, and in 1952 there were more than 160 aged and infirm persons in permanent and regular occupation. All who have survived, and there have been more than 130, have now been re-housed in purpose built Homes. A high proportion of these people were long term residents of public assistance institutions and as such presented a theoretical problem as to how they would settle and behave in new Homes with other residents. There has, in fact, been no real problem. It would, today, be extremely difficult for a person to identify those who came from an institution and those admitted from their own home.

The Council now have 306 beds in Old People's Homes, and a further 60 will become available early in 1963. Only 46 of the beds are not equivalent to ground floor places (i.e. not served by a lift) and all except 76 of the beds are in single, or double rooms. Of these 76, 48 are in four bedded rooms, 18 in 6 bedded rooms and 10 in 5 bedded rooms. Whenever possible, future residents are taken to see their prospective Home before admission, and many permanent residents have previously had the experience of living there as a result of a short stay admission. When a person feels any doubts about giving up their own home, Welfare Officers arrange to continue their tenancies after admission to enable them to change their minds if they so desire. Very few do, and in 1962 one only decided after admission that they would like to return home.

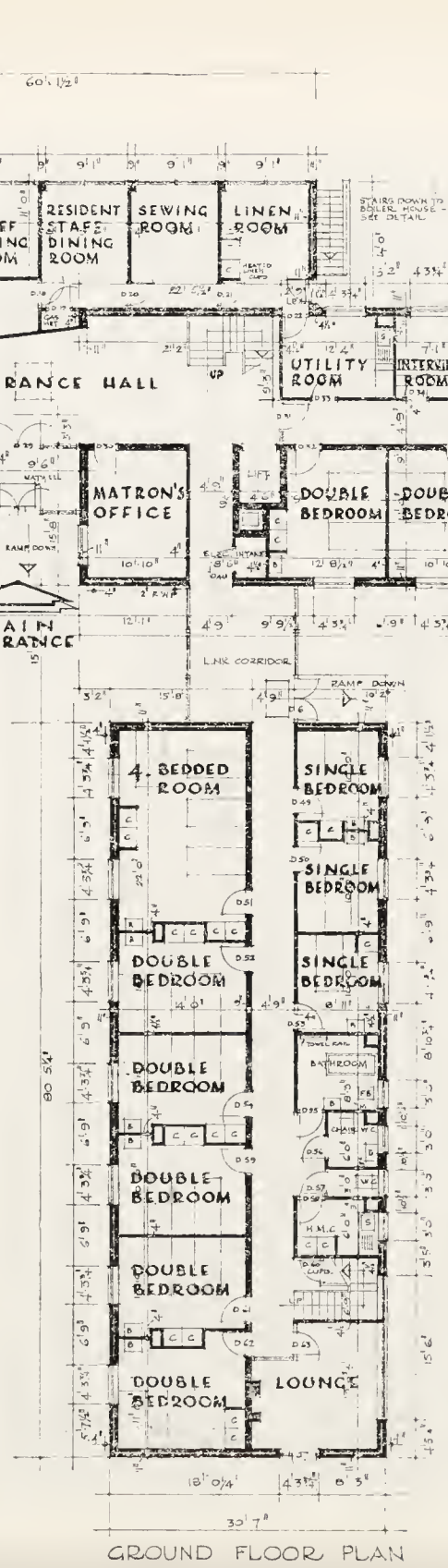
Each Home is developing as a centre of interest and aid to old people living in their own homes and in 1962 each Home has increased its activities in helping in emergencies, with bathing, meals, and social functions. Each Home has its own Welfare Fund, and this is utilised to provide extra amenities for the residents, and to provide entertainment and assistance to old people living in the area. Regular film shows are held at the Homes and the residents are joined by their friends at these occasions.

Welfare Officers and voluntary helpers did a tremendous amount of work throughout the year helping old people, and especially so at the end of 1962, when nearly 1,000 old people in the City received gifts provided by a number of agencies. A group of Scouts from the Marston area chopped and delivered 150 bags of logs which I am sure were gratefully received. In the last week of the year deep snow made life more difficult for old people, and Welfare Officers worked practically round the clock

CUTTESLOWE COURT



BASEMENT PLAN



GROUND FLOOR PLAN

D. MURRAY Dip. T.P., A.R.I.B.A., A.M.T.P.I
CITY ARCHITECT
TOWN HALL
OXFORD

CUTTESLOWE COURT OLD PEOPLES HOME

in ensuring that every effort was made to provide the necessities of life for those people who were unable to get out.

The year in general has been one of steady progress towards attaining our object of providing ready help to all old people living in the City, and to making the service one which is not only of satisfaction to the elderly, but one which is given in a friendly manner without the feeling of bestowed charity.

(2) Residential accommodation

With the closure of The Laurels early in 1962, the Council were able to face the problems of the future in the knowledge that all the beds they had provided were so designed as to enable them to carry out their function of providing suitable residential accommodation for the aged and infirm. The quality has now been made available and future endeavour will concentrate on the provision of a sufficient quantity of places to accommodate all those infirm persons who require and desire such a Home. Great strides were made by the opening of Cutteslowe Court in February, and by the end of the year a further purpose built Home (Oseney Court), was nearing completion, whilst another Home at Iffley Turn had reached the stage where tenders had been accepted and the commencement of building work was imminent.

The average age of all residents in Homes in Oxford has continued to be very high, at approximately 85 years, and this is one of the highest in the country. Despite the high average age, comparatively few became sufficiently ill to necessitate admission to hospital. In fact only 69 were admitted to hospital in 1962, and of this total 39 were returned to Part III accommodation after treatment. The geriatric hospital again provided a high proportion of new cases admitted during the year, namely 33.

In each Home there has developed the neighbourly atmosphere of belonging to the community, and as well as helping old people living nearby, the residents of the Home are encouraged to take an active part in those community spheres which they are able to enjoy. Many who are able to go out unaided have special calling places where they meet their friends, and for those less physically able, friends have organised transport arrangements to help. These visits work both ways, and it is quite common to see residents entertaining friends in "their" Home.

All residents have to pay for accommodation in accordance with their means, but each retains a minimum of 11/6 per week pocket money. Occupational Therapists visit the Homes and give instruction and advice to residents to help them follow a hobby. Many residents produce articles for themselves and their friends, but if desired facilities are available to enable produce to be sold. The Churches take a great interest, and regular services are available for all denominations. Regular cinematograph shows are held and these are greatly enjoyed, especially as residents can invite their friends.

It can be said, with every confidence, that Part III accommodation in Oxford is a service which is enjoyed by every resident, and is keenly desired by many old people who are now anxiously awaiting the opportunity to become a resident. In every Home each person looks upon the place as a personal Home, in which he or she is a member of a happy family.

Admission Table

	New Admissions	*Discharges to Hospital*	*Deaths*	*Holiday cases*
Barton End	9	17	9	14
Cuttcslowe Court	40	14	3	29
Frilford House	7	4	2	—
Marston Court	9	11	2	7
Shotover View	16	10	5	14
Townsend House	4	10	2	—
The Laurels	1	3	—	—
	86	69	23	64

The demand for short-stay accommodation continues to increase. 64 cases were admitted during the year, either to give them a much needed rest from their own domestic responsibilities or to enable the old people's relatives to take a holiday. It is evident that this is a facility that is greatly apprcciated, particularly by those relatives who would otherwise be completely tied throughout the year.

Voluntary Homes

The following Voluntary Homes are registered with the Local Authority for the care of aged and disabled persons:

Aged and Disabled

Nazareth Home, Cowley Road	24 females
	9 males

Aged

St. Basil's Home, 239 Iffley Road	26 females
Elizabeth Nuffield Home, 165 Banbury Road ..	24 females
Council of Social Service Home, 115 Banbury Road	21 persons
British Red Cross Society Home, 107 Banbury Road	20 females
Miss E. Afford, 12/13 Walton Street	5 females
Mrs. Guise-Thompson, 2 Hernes Road	5 persons
Mrs. E. Best, 31 Stanley Road	6 persons

The agreements made with the following Homes to place accommodation at the disposal of the Authority continues:

St. Basil's Home	4 residents
Nazareth Home	4 residents

This accommodation has been used throughout the year, and has been of great assistance to the Authority owing to the continued shortage of accommodation. The City Council has accepted responsibility for the augmentation of income to enable the following persons to reside in accommodation provided by voluntary societies:—

7 persons in St. Basil's Home
4 persons in Nazareth Home
3 persons in St. John's Nursing Home
10 persons in British Red Cross Society Homes
29 persons in other Voluntary Homes
4 persons in Homes for the Blind.

In a similar way, by arrangement with other Local Authorities, the City Council has accepted the financial responsibility for the following:—

2 persons in London County Council Homes
6 persons in Oxfordshire County Council Homes.

Temporary Accommodation

The units for the accommodation of the homeless at Slade Park have throughout the year, been filled to capacity. On occasions it has been extremely difficult to provide an emergency shelter service for those persons who were not necessarily our responsibility under Section 21 (1) (*b*) of the National Assistance Act, 1948. This latter group constitute the bulk of the problem, and less than one in ten of those applying could be said to be cases homeless through circumstances which were not foreseeable and reasonably avoidable.

124 applications were received from persons who were or about to become homeless. It is very gratifying to record that not one of these cases occurred as a result of eviction orders enforced by the City Council's Housing Department. Although our responsibility under the National Assistance Act is confined to the provision of temporary shelter, it is accepted that homelessness must be prevented wherever possible. Should preventive measure against eviction fail, then we must do our utmost to help the family find alternative accommodation. This work creates a very heavy burden, both inside and outside normal office hours. It is gratifying that every one of the 124 applications received had accommodation offered or provided. In 90 cases it was possible either to prevent eviction or to help the persons find somewhere to live; 67 of these cases involved single persons with no dependents, the remaining 24 cases being families

with one to five children. Six of the applicants refused our offer of help and presumably left the district as no more was heard of them.

28 cases were offered and accepted accommodation in the Homeless Families Unit with the following results:—

1 was admitted to an Old Person's Home
8 stayed for one night only
7 stayed up to one week
3 stayed from one week to one month
5 stayed from one month to six months
4 stayed for more than six months.

An analysis of the total number of applications in family size is given below:—

		Families					
Single Males	Single Females	No children	1 child	2 children	3 children	4 children	5 children
25	45	3	21	14	13	3	—

The problem of dealing with the homeless is a difficult one. Every Authority has tried to find a satisfactory formula but each scheme has its snags. This year witnessed the start of a new campaign in Oxford of co-ordinated effort between the Health, Children's and Housing Committee to endeavour to find a solution, and there is no doubt that this approach augurs well for the future. By the end of the year the occupancy of the homeless accommodation had been halved and families who, at the beginning of the year seemed destined to become problems had been re-established as reasonably good family units in accommodation of their own. This improved situation must not overlook the fact that the best method of dealing with the overall problem is to prevent homelessness whenever possible, and to impress upon families who believe they may have to face an uncertain future to ask for help and advice as soon as possible. This fact was emphasised when the uncertainties of the Rent Act made many old people feel insecure. As a result of speedy help and advice very few old people were forced to leave their homes, and in only three cases was it necessary for Part III accommodation to be used.

(3) Welfare Arrangements for Blind and Partially Sighted Persons

(a) Blind

Statistics

During the year 29 people were certified as blind. The Authority is fortunate in that eye examinations for certification purposes are carried out at the Eye Hospital, and any medical or surgical treatment required is arranged straight away.

Of the 29 new cases of blindness registered in the year (13 men and 16 women), in all but 9 cases there were multiple causes.

The causes of the disability of the new cases were as follows:—

Diagnosis	Number of cases with this condition
1. *Local Degenerative Conditions*—	
(*a*) Cataract	15
(*b*) Senile retinopathy	14
2. *Other Local Causes*—	
(*a*) Injury—retinal detachment	1
(*b*) Inflamatory—anterior uveitis	2
(*c*) Myopia	3
(*d*) Glaucoma	3
(*e*) Vascular catastrophes—retinal vein thrombosis	2
3. *General Causes*—	
(*a*) Diabetis mellitus with retinopathy	2
(*b*) Arteriosclerosis with retinopathy and retinal artery occlusion	1

The age at onset was as follows:—

Decade	Number of cases	
35—44	1	(diabetic retinopathy)
45—54	1	(anterior uveitis)
55—64	3	(high myopia 1, senile retinitis 2)
65—74	6	
75—84	11	
85—94	5	
Not known	2	

The average interval between onset (of symptoms of blindness) and registration was four years (less than 1 year in 14 cases and more than 5 years in 7 cases).

The following table shows the number of cases where treatment was recommended:—

	Cause of disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(*a*) No Treatment	9	2	—	7
(*b*) Treatment (medical, surgical or optical)	2	2	—	4
(*c*) Hospital supervision ..	1	—	—	2

The number of registered blind persons in the City is shown, in age groups, in the following table:—

0–1		2–4		5–15		16–20		21–39		40–49		50–64		65–69		70 & over	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	3	—	—	—	5	5	4	3	12	16	5	12	41	93

Total 70 males and 129 females equals 199, of whom 151 are over 65 years old.

Children

Two are in Special Schools for the Blind, and the other is ineducable and remains at home.

Employment

Sixteen people are in open industry as follows:—

1 Physiotherapist
2 Legal Profession
1 Shopkeeper
7 Employed in factories
1 Storekeeper
1 Labourer
1 Masseur
2 in miscellaneous jobs.

Home Workers Scheme

1 Braille Copyist
1 Machine Knitter

Workshop Employment

The following blind people are working in sheltered workshops:—

Men	*Women*	*Trade*
2	—	Mat Makers
—	2	Chair Caning

Several totally blind women are running their homes very efficiently without help.

General Welfare

During the year the Handicraft Classes have been increasingly popular and have been receiving a larger attendance than in previous years. In these Classes soft toy making appears to be providing the greatest satisfaction. In this direction we have been fortunate enough to acquire the

services of an extremely good voluntary helper. The Handicraft Centre at Marston which operates on the first day of each week is now having interest stimulated by this type of assistance.

Social Activities

Socials have been held three times a month and during the summer two Outings were taken to Coventry and Marlborough. We would like to extend our grateful thanks to all the voluntary helpers who have done so much to make these occasions so successful. The Annual Party at the Town Hall, although taking place early in 1963, belongs to the year under review, and was again popular but the number attending was smaller due to the extreme weather conditions. In May, two parties each of eighty people, were taken for a week's holiday to Weymouth. This event was a great success and has become an annual event. The Tape Recording Club has continued throughout the year. This has proved to be very popular and the fortnightly meetings have been well attended.

Voluntary Help

The Oxford (City and County) Society for the Blind have continued to assist the blind financially towards the provision of holidays, invalid foods, and extra comforts. Christmas gifts have been given to aged and infirm blind in hospital, or other accommodation away from their own homes. As a result of the Society's meeting the subscription cost, four Blind People receive Bible notes in Braille each quarter. The Oxford Eye Hospital Patients' Welfare Fund has continued to be responsible for the cost of transport of the aged and infirm to the Christmas Party. This help is greatly appreciated, and enables many to attend who might otherwise be unable to do so.

(b) Deaf Blind

There were 7 deaf blind on the Blind Register, 1 man and 6 women.

(c) Partially Sighted

19 persons were certified as partially sighted and at the end of the year there were 86 persons on the observation register. All these people are substantially and permanently handicapped by defective vision. The following table shows the age groups on the register:—

0—1		2—4		5—15		16—20		21—49		50—64		65 & over	
M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	2	—	—	2	9	3	5	7	14	44

Total 30 males and 56 females equals 86, of whom 58 are over 65 years old.

4. Welfare Arrangements for other Handicapped Classes

The Council, on the 1st April, 1955, adopted schemes to provide for the welfare of the deaf and dumb, the hard of hearing and the general handicapped classes.

(a) The Deaf

The Council's function in relation to the Deaf have been delegated to the Oxford Diocesan Council for the Deaf, who have for many years been carrying out valuable welfare work amongst the local deaf, and have been assisted financially by the Council since 1948. During the year a grant of £890 was made to the Diocesan Council, who have supplied the following table:—

0–15		16–64		65+	
M	F	M	F	M	F
9	7	22	21	6	7

The National Deaf Children's Society (Oxford Region) continues to hold regular instructional meetings to help parents with some of their problems. It has provided equipment for use in classes for the partial hearing, and for the use of parents in the home. Classes for "listening and learning" have been held at The New Centre, and the necessary books and equipment provided for these classes. Entertainment and outings are arranged for the children. A watchful eye is kept on the educational progress of the children, and every effort is made by the Society to help the children into channels where their special needs will be met.

Under the auspices of the Society the University Film Society has now completed a film entitled "Let Them Speak". The film aims to give the general public insight into some of the problems confronting deaf children and shows some of the methods employed to help them overcome their handicap and so assist them to grow into happy, independent, and responsible citizens. This film will be available for all interested Clubs and Fellowships to see.

(b) Hard of Hearing

The Oxford Hard of Hearing Club at The New Centre meets the social needs of all those in this group who wish to avail themselves of the opportunities provided. There are close ties with the Department of Otolaryngology at the Radcliffe Infirmary, and from time to time lip-reading classes are held at the Club. The activities of this enterprising Club are many and varied to suit all tastes and ages: it is doing a great deal towards promoting the general welfare of the hard of hearing; and, although handicapped themselves, the members are launching out to help

others less fortunate than themselves. The following table shows the membership of the hard of hearing in the Club:—

0–15		16–64		65+	
M	F	M	F	M	F
—	—	26	62	19	50

(c) Generally Handicapped

The adoption by the Council in 1955 of the Scheme for promoting the welfare of the generally handicapped class of persons meant an extension of the operations of the Section. The staff appointed for this work includes a field Welfare Officer (full time) and the use of the services of an Occupational Therapist (half time).

Since the implementation of the Scheme in Oxford much has been done to help the handicapped, and the demand for the services of the staff concerned continues to increase. A large proportion of those registered are home-bound.

Mention must be made of the co-operation of voluntary effort in this work, by this means it has been possible in a number of instances to make home life more bearable for these unfortunate people. Adaptations and aids in the home, cleaning, re-decorating, and remedial and recreational facilities have been carried out by the Local Authority staff and voluntary workers, including University students.

A total of 124 permanently and substantially handicapped persons are registered with the Local Welfare Authority, and the following table shows the age groups on the register:—

	16–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65 years and over	Totals
Male	13	6	7	13	18	13	70
Female	5	8	14	6	13	8	54
Totals	18	14	21	19	31	21	124

The British Red Cross Society organises a Special Club at their headquarters, No. 101 Banbury Road, for crippled persons. This Club meets every other week and is a valuable aid in the provision of recreational facilities for handicapped persons. Officers of the Welfare Section encourage and aid as many as possible to attend these meetings.

(i) Spastics

There are 36 spastics known to the Department, 17 are adults (13 male and 4 female), and 19 children. Of the 17 adults eleven are normally resident in their own homes and six are being cared for in special homes and

hospitals. Of those residing in their own homes, four males and one female are engaged in full-time occupations.

19 children of school age are known to be suffering from varying degrees and types of cerebral palsy. One severely affected boy who is also educationally sub-normal is at a residential school. In eight cases the disability is minimal and the children are able to attend full-time at ordinary schools. One child affected with partial hearing attends the special class at St. Thomas C. of E. School, and one who is educationally sub-normal attends the Day Special School at Slade Park. Two City children attend the Ormerod School, and five more who are sub-normal attend the Training Centre. One severely sub-normal child is in hospital.

(ii) Epileptics

Thirteen adult epileptics (5 male and 8 female) are known to the Department, all these cases are of major severity. This is a figure which I feel sure does not bear any real relationship to the actual number of people suffering from this complaint. It can be said that a great majority of the cases suffering from a minor severity are able to continue in normal employment.

A number of children suffering from slight or occasional epilepsy attend ordinary schools.

5. Workshops for Handicapped and Blind Workers

The Sheltered Workshop for Blind and Handicapped Workers continues to expand and at the end of 1962 there were five blind and thirteen sighted disabled. The main disabilities of the thirteen sighted disabled are as follows:—

Male	*Female*	
—	1	Deaf and Dumb
2	—	Poliomyelitis
3	—	Paraplegia
1	—	Hemiplegia
2	—	Epileptic
1	—	Neurosis
1	—	Arthritis
1	—	Emphysema
1	—	Asthma

In addition in four cases there are multiple handicaps, including thrombosis in the leg, amputation of toes and bronchitis.

During the year one blind worker left and is now employed in the Sheffield Blind Workshop and one sighted disabled worker was placed in open industry. One blind worker died in July.

The Sheltered Workshop itself is only part of a scheme which provides for a more practical co-ordination between the services provided for persons coming within Section 2 of the Disabled Persons' Register (i.e.

registered blind, and other seriously and permanently disabled persons not for employment in open industry and Remploy), the services provided under the National Health Service Act by way of occupational therapy, and pastime craft work carried out under the Council's scheme for the welfare of the handicapped.

In addition to the Workshop, the premises house a flourishing retail business, and in the past four years the business turnover has increased from £4,000 per year to nearly £9,000 per year; 1962 again showing a record turnover with an increase of £800 over the 1961 figures. Approximately £1,400 of this total was attributable to the sale of goods produced by persons receiving Occupational Therapy.

The whole venture is one which has shown continued enterprise and expansion, and the real measure of success of the scheme lies in the fact that considerably more seriously disabled persons are now in full-time employment, whilst those persons receiving help from the Occupational Therapy services and welfare scheme for the handicapped have the encouragement and satisfaction of a more ready market for the goods they make.

6. Miscellaneous Services

(a) Meals on Wheels

This valuable service has continued to expand, and has worked to the maximum capacity, in both manpower and equipment throughout the year. An average of 2,000 meals per month have been supplied at a cost to the recipient of 1/- per meal. The cost of food to the Local Authority is 1/6 per meal, and an allowance of 6*d*. per mile is paid to the voluntary drivers who deliver the meals. These volunteers from the British Red Cross Society and the Women's Voluntary Service have worked untiringly to make this service the success it is, and there is no doubt that a large number of old people in the City look forward not only to the meal they receive, but the cheerful visitor who brings it to their doors.

(b) Compulsory removal of persons in need of care and attention

It was necessary for action to be taken under Section 47 of the National Assistance Act, 1948, in one case.

This old lady had lived in appalling conditions for many years and repeated offers of accommodation in an Old People's Home had always been refused. Finally her general condition deteriorated to such a degree that she was quite incapable of caring adequately for herself and was admitted to Cowley Road Hospital.

(c) Temporary protection of property of persons admitted to hospitals, etc.

The duty of the Council under Section 48 of the National Assistance Act, 1948, to protect the property of patients admitted to hospital or to accommodation under Part III of the Act, has been effected in 61 cases during the year.

(d) Burial or cremation of the dead

Under Section 50 of the National Assistance Act, 1948, the Council has a duty to cause to be buried or cremated the body of any person who has died or been found dead in their area, where no suitable arrangements for disposal have been made. During the year it has been necessary for the Council to arrange ten such burials, and in all cases part or full recovery of the cost involved has been made.

7. Civil Defence—Welfare Section

With the object of obtaining a well-trained nucleus of Civil Defence volunteers, the Government introduced new service and training conditions which became operative on 1st October, 1962. Members were asked to fulfil precise obligations for specific periods of time, and to take examinations. As a result there have been many resignations especially among the older members, and the strength of the Welfare Section is now only 137, but the majority of these have been fully trained.

Courses in Home Nursing and First Aid were very successful, 14 members obtaining Home Nursing Certificates and 18 members First Aid Certificates.

Owing to the increased use of the Kidlington Training Centre by other Civil Defence Organisations and Army Units, the Welfare Section has had many opportunities of practical training in Emergency Feeding. For example, on two visits of London Civil Defence divisions about 350 persons were provided with lunches on each occasion.

Our arrangements for helping in any peace-time disasters have been reviewed, and additional places have been ear-marked to accommodate homeless people if any unfortunate occasion arises.

SECTION IX

ENVIRONMENTAL HYGIENE

Report by W. Combey, D.P.A., F.A.P.H.I., F.R.S.H.
Chief Public Health Inspector

In our broad field of activity during 1962 particular interest was shown in such topical matters as noise nuisances, modernisation of a slaughterhouse, extension of smoke control, multiple occupation of houses and some stimulation in the sampling of milk and other foods. Complaints generally were reduced in number but routine inspections were increased. There were also one or two somewhat distressing cases of insanitary circumstances which needed attention and caused a certain amount of difficulty. Voluntary agencies were able to give assistance in these cases showing once more the value of such bodies when dealing with special personal problems not easily covered by statutory powers.

Domiciliary work of a particularly personal nature seems necessary when dealing with certain cases involving the aged and infirm where insanitary conditions require attention. Appreciation is expressed here of the action taken by a group of Oxford students who voluntarily undertook menial tasks of clearing filth, scrubbing floors and cleaning walls and furniture. There is, in my view, need for more of this voluntary service in this Welfare State where so much depends on the strict conformation with rules and regulations. There was the usual trouble experienced with vagrants who broke into vacant premises awaiting demolition and used them temporarily until ejected, but happily increased demolition activity is rapidly reducing the number of such vacant premises and it can only be hoped that redevelopment will follow quickly and so improve the appearance of the St. Ebbe's area which has for long been somewhat of an eyesore.

Pest extermination work during the year involved one special treatment of the sewerage system with Fluoroacetamide—a powerful poison recently recommended for use where careful supervision is possible—and a determined effort was commenced in conection with pigeon nuisance in certain areas—including the Churchill Hospital grounds. Ten per cent of pigeons caught are submitted for laboratory examination with a view to the detection of salmonella organisms. The sewer treatment seemed effective, there being an increased number of takes recorded, but it should be interesting to compare results with those achieved during a second treatment to be carried out in 1963. Extension of the Central Smoke Control Area was possible during the year and this involved most of the University area, but progress is relatively slow and it will no doubt

take two years to continue the extension westwards to the Botley boundary. The hard winter caused some problems with fuel distribution, as was to be expected, and high prices for over the counter bagged fuel continue to excite attention. There is, of course, expansion in the use of gas, electricity and oil, particularly in the fields of commerce and industry. There seems a trend upwards in sulphur emission, which while not serious, points to the need for care, particularly in the burning of oil fuel having sulphur content giving rise to some apprehension about its effects on both persons and property. This is particularly important in the central area where so much money has been spent on replacing corroded and spoilt stone work on buildings of historic importance and international renown. A further problem in this regard is the need to ensure adequate chimney heights in an area where skyline is a matter for some considerable concern.

Noise nuisances, although not numerous, posed certain problems associated with factory activities. It has been possible to take regular noise level readings for comparsion with a formula which has been recommended by research workers for general application. Planning interests can do much to reduce or avoid potential noise nuisances by careful attention to planning principles whereby isolation or insulation of noise creating activities can be insisted upon where new premises are to be be erected. The subject of noise will be of major interest for years to come, particularly in industrial areas associated with residential development.

Sampling of swimming bath water was generally satisfactory and it is interesting to note the increased activity in the provision of instructional pools for schools in the City. This is to be commended but care must be taken to see that a good standard of construction is carried out with careful siting and attention to protection from surface contamination allied to properly surpervised chlorination and filtration of the water.

In the field of housing two matters proved topical—those of multiple occupation of houses and Improvement Grant work. Several thousands of houses in the City are in multiple occupation, as might be expected in a University City of this kind, but the conditions have not been improved by the influx of a fairly large number of immigrants who find much difficulty in securing accommodation. It is true to say however, that squalid and sordid conditions have not developed, except in one or two cases which are receiving constant attention, and Management Orders have so far been avoided. It is, however, clear that Orders will need to be made where persistent informal efforts fail in their objective of securing improvement. The Housing Committee have agreed to certain standards where Management Orders are to be applied and these are referred to in Section B (Housing Conditions). The Department was also asked to assist the Housing Committee in connection with a survey involving attention to Improvement Grants, and as will be noted, several hundreds of houses

were eventually presented to the Committee for consideration to Improvement Grant action. It is hoped that before long there will be a special publicity drive to encourage owners in the particular area concerned to take advantage of Improvement Grants. The City Engineer has been asked to stimulate this part of the work and handle the activity involved in plans and applications. There are many difficulties to overcome in this work but it seems very essential to attempt to provide modern amenities in any house which can offer reasonable accommodation for a period over fifteen years, but it is obvious that cost is the main hurdle to be overcome and further consideration seems necessary to the availability of loans and bringing up to date the Improvement Grant offer which now seems outdated on the basis of present-day costs. There are still many houses which need general structural repairs, but there seems a tendency for owners to avoid expense on properties having sitting tenants. The only progressive step in most cases would seem to be the making of Closing Orders with rehousing by the Local Authority as a means of securing repair and modernisation of houses, giving vacant possession to the owners. There is no doubt that many more Closing Orders could be made with this in mind, which would not be opposed by owners likely to make some profit out of the transaction. The effect on the Housing List would, of course, be somewhat disturbing.

Food supplies received their usual careful attention, and, while it was disappointing that the Eastwyke Slaughterhouse modernisation scheme was not completed by the end of the year, there seems little doubt that completion will be achieved during 1963 by which time there will be two modernised slaughterhouses covering local slaughter and ensuring adequate local throughput. Meat quality continued good with a minimum of loss due to disease and tape worm cysts were not found in many cases. Comparative absence of Tuberculosis continues and it is rare to come across any outstanding diseased carcase. The new Meat Regulations are awaited with interest because of the possible effects on staffing and attention to meat inspection in even greater detail. More time for meat inspection will mean less time for other duties and these must be safeguarded.

The usual spate of foreign bodies found in foods was dealt with and this shows little sign of declining. It must cause much anxiety to firms manufacturing and supplying food in large quantities because of the difficulty of ensuring adequate, reliable scanning of products during factory operations. The local Consumer Group took first-hand interest in food sales in the City by pointing to the need for more attention to the proper control of frozen foods, and this Department was able to co-operate with that body by sending out Codes of Practice to those firms having frozen food cabinets. Still further activity in regard to food sale is expected as the Group develops. The fish stalls in the Market were at last completed and present a pleasing appearance setting a much

better standard of hygienic operation. It should be noted that much more use was made of the facilities offered by the Public Health Laboratory and there is no doubt that these are proving a most important contribution to the local Health Services.

Gratitude is again expressed to colleagues who have helped to make this report a useful one and a welcome is given to Mr. S. J. Garrod, my deputy, who succeeded Mr. E. Edlington, and Mr. M. French who succeeded the late Mr. L. Pearman as Senior Clerk in charge of the Department. Mr. A. Pavey left during the year for a post at Wareham in Dorset and was replaced by Mr. I. King from Banbury. Our two pupil Public Health Inspectors were successful in passing their Intermediate Examination and are now set for their study for Final Examination in 1964. It is hoped to appoint an additional pupil during the coming year.

As usual the Report is presented in three sections (*a*) General Sanitary Circumstances and Water Supply, (*b*) Housing, and (*c*) Supervision of Milk, Meat, and other Food Supplies.

(A) GENERAL SANITARY CIRCUMSTANCES

(i) Complaints and Inspections

The usual pattern of complaints was maintained during the year and there were 1,056 as against 1,633 last year.

Complaints	*No.*
Accumulations of Refuse	23
Choked and Defective Drains	20
Defective Water Closets	14
Defective Water Supply	7
Dirty or Verminous Premises	24
General Housing Defects (including dampness)	56
Infestation by Insects and Pests	98
Infestation by Rodents	562
Infestation by Wasps	88
Keeping of Animals	—
Noise Nuisances	14
Obstructive Constructions	1
Offensive Odours	66
Overcrowding	13
Refuse Accommodation	4
Smoke Nuisances	17
Unwholesome Food, Containers and False Descriptions	49
	1,056

Number and Nature of Inspections

Animal Nuisances	53
Drainage	477
Housing	2,691
Interviews	556
Licensed Premises	223
Lodging Houses	36
Miscellaneous	1,055
Overcrowding	171
Pet Animals	29
Pharmacy and Poisons Sellers	157
Piggeries and Stables	96
Rats and Mice	9,483
Refuse Storage and Accumulations	193
School premises	71
Shops Act	820
Tents, Vans and Sheds	284
Verminous Conditions	18

	No.
Water Sampling and Bath Water	47
Insect Pests	1,031
Noise Nuisances	114
Health Education	16

Atmospheric Pollution

Smoke Control Area	778
Smoke Observations ($\frac{1}{2}$ hour)	9
Smoke Observations (Casual)	169
$S.O._2$ Recording Stations	846
Boiler Plants	147
Grit and Odour	253
Clean Air Interviews	68

Food Hygiene

Food Hygiene Regulations	3,610

(ii) Sanitary Circumstances of Aged Persons

Several cases have been dealt with involving the insanitary conditions under which elderly persons were found to be living and, in co-operation with the Welfare Department and voluntary helpers attached to the University, some progress was made and improvements secured. In one case several young students bravely undertook the thorough cleansing of a house literally smothered with dog and cat excreta affecting furniture and floors alike. Another case involved a very independent aged lady who continued to live in a house almost devoid of furniture and fittings and without heating facilities. Nothing could shake her determination not to move elsewhere, despite assurance of greater comfort. Deplorable conditions of neglect in another case involved an elderly blind person, and great difficulty was encountered before cleansing was achieved and voluntary help secured. These cases are only samples of those encountered during routine inspection work and which needed considerable tact, discretion, and co-operation among officers to achieve satisfactory results. There is no doubt that voluntary agencies still have their uses and value in the general framework of the social services, and great credit is due to those who are prepared to assist in work often menial and thankless.

(iii) Lodging Houses

There are still no signs of redevelopment in St. Ebbe's to affect the conditions at the Church Army Hostel situated in Cambridge Terrace and its annexe in nearby Charles Street, St. Ebbe's. Over 100 beds are available in these premises for working-men in need of lodgings. So far as vagrants are concerned, there is no centre between Newbury in the South and Banbury to the North of the City. There was again some evidence of sleeping rough by such men. The police from time to time assisted in

clearing empty premises so used. There is always a likelihood of access to such premises by persons looking for shelter with nuisance inevitable. However, only two persons required disinfestation during the year. The Slade Hospital disinfector was used by agreement for sterilising clothing, etc.

There is, of course, considerable sharing of housing accommodation in the City involving numerous bed-sitters, private guest houses and lodging accommodation which may require assessment of standards under the Housing Act, 1961, and Housing Management and Multiple Occupation Regulations, 1962. Attention is directed to such activity in the Housing Section of the report. The Housing Committee have taken considerable interest in this problem and have agreed certain standards for occupation which are to be used whenever consideration is being given to implementation of Management Orders.

(iv) Movable Dwellings

Close co-operation continues between this Department and that of Planning in so far as caravan sites are concerned, and, apart from a number of contractors' sites concerned with building and development activities in the City, few residential caravans are situated within the City boundary. The five families dwelling in caravans in Sandy Lane, formerly in the Rural District Council area, were rehoused during the year and the caravans removed. Only 16 caravans were on 9 sites in the City having licences, with 44 caravans used without licences, being exempted under the provisions of the 1960 Act. There is still a large fringe development of caravan sites and the Local Authorities adjoining the City boundaries are very active in the control of conditions on such sites. Many of the caravan dwellers in fringe areas are on the City Housing List on account of being employed in the City factories, and from information gleaned from colleagues it would seem that a major proportion of caravan dwellers in the area would prefer to be in permanent accommodation and are only in caravans because of their inability to rent or purchase houses in or near the City.

(v) Offensive Trades

The Marine Store dealer operating in St. Ebbe's continued his business without nuisance creation, which is not surprising in view of the considerable demolition of property around the site. It is obvious that this business will, in the near future, be displaced by redevelopment of the area.

(vi) Canal Boats

Practically no activity was recorded during the year. No inspections were considered necessary, although one or two boats have been noted carrying materials, and, of course, the Inland Waterways are interested in a few holiday boats which operate from the Oxford wharf in the holiday season.

(vii) Drainage

Only 20 complaints were reported to the Department in connection with drainage troubles as against 46 in the previous year, and, as usual, close co-operation continued with the Building Inspectors of the City Engineer's Department.

(viii) Riding Establishments, Stables and Piggeries

Only two riding establishments operated during the year and stabling for horses is very restricted within the City. Conditions generally are satisfactory. Of the 26 piggeries known to operate within the City boundary, just over half are registered under the Disease of Animals (Waste Food) Order and these were regularly inspected in regard to conditions involving sterilisation of swill. 96 inspections were carried out during the year and in general conditions were found satisfactory. One or two places give rise to anxiety but attempt is being made to improve the circumstances as opportunity affords. 456 (244) inspections of premises were made in connection with the Poultry Disinfection Order and checks of the condition of crates and containers used for transport was the principal object of the visits. Report is made quarterly to the local Divisional Veterinary Officer who is responsible for the control of fowl pest and other notifiable diseases.

(ix) Pet Animals

There were again 8 premises licensed under the provisions of the Pet Animals Act and 29 visits were made. There were no complaints and conditions generally satisfied the Regulations. The sale of pet animal food continues to grow apace and it is just as well that the majority of it is canned and not likely to create much anxiety from the health point of view, but much unsterilised meat is sold from one or two premises and it is a constant source of concern.

(x) Factories and Workplaces

57 outworkers' premises are on the register with activities involving dressmaking, tailoring, toy filling, etc. 57 visits were made to the premises concerned and the following table gives the information required under Sections 110/111 of the Factory Act.

Outworkers (Sections 110/111)

Nature of Work	Section 110	Section 111
	Number of Outworkers Notified	Number of Contraventions
Wearing Apparel Making, etc.	39	Nil
Stuffed Toys	18	Nil
Textile Weaving ..	—	Nil

As will be seen from the inspection table given below in connection with factories and workplaces, 289 inspections of premises were made with regard to general conditions, sanitary accommodation, etc. Only 3 notices were needed involving minor defects. Occasional references from H.M. Inspector of Factories with regard to circumstances needing our intervention were dealt with promptly.

Inspection of Factories and Workplaces

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	39	23	1	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	380	243	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	8	23	2	—
Total	427	289	3	—

Defects found in Factories

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
Want of cleanliness (S.1.)	—	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(*a*) Insufficient ..	1	—	—	—	—
(*b*) Unsuitable or defective	1	—	—	3	—
(*c*) Not separate for sexes	—	—	—	—	—
Other offences (not including offences relating to Homework)	—	—	—	—	—
Total	2	—	—	3	—

(xi) Shops

Washing facilities and sanitary accommodation in shops are dealt with by the staff under the provisions of Section 38 of the Shops Act, 1950. 820 (709) inspections were carried out during the year in addition to visits made to shops for other purposes. 10 notices were served under the Section with regard to unsatisfactory accommodation or circumstances.

(xii) Pest Extermination

Three Outside Assistants are employed to assist in disinfestation work and the disinfection of premises as necessary. Complaints involving infestations by rats, mice, or other vermin are promptly dealt with and treatment afforded without charge for domestic premises. Commercial undertakings and businesses are charged for time and materials where treatment is involved or they may undertake an Agreement with the Department for regular treatment at an annual agreed charge. A number of businesses and College Bursaries have taken up such Agreements and their premises are given regular servicing treatment. Treatment is, of course, available by commercial firms who specialise in vermin eradication and such firms usually collaborate with the Local Authority on any treatment likely to involve this Department in health inspection matters.

It is again a pleasure to record our indebtedness to Professor Varley and his staff at the University Entomology Department for their ready willingness to identify specimens. Continued attention was given to Pharoah's Ant infestation at the hospitals, and, despite considerable re-building work at the Radcliffe Infirmary, complaints were very few and treatment involving the use of power spraying and insecticidal lacquer proved very successful. Anti-fly treatment continued in the spring at hospitals, schools and major refuse storage places, while the Corporation tips were regularly visited for rat treatment as necessary. The Agreement or Contract system operated well during the year, there being an income of £649 as against £621 during the previous year. There was a considerable drop in the number of complaints involving rodent infestations and comparatively few wasp nest complaints were received.

330 manholes on the City sewerage system were treated towards the end of the year and 2% fluoroacetamide was used with pinhead oatmeal as the bait base. Manholes selected were those which had a history of previous positive takes within the last two years. 2 oz. quantities were placed in small light-weight sweet bags and deposited on manhole benchings by the usual type of bait depositor. The bags were useful in preventing waste of bait and reduced the risk of scattering. The manholes extended over central, west, south, and east Oxford area, and as this was the first occasion for the use of this particular poison, results were noted with some interest. Almost 50% of the manholes treated showed what were thought to be positive results (153), there being 74 complete takes of bait. Even if these alone were taken as evidence, activity was more

obvious than had been expected. Only 16 bodies were recovered from the sewerage system, although it is probable that many more were destroyed by the comminutor at the sewage station. This apparant increase in activity follows a period of several years when activity had been considered as quite low after continual Warfarin baiting. It is proposed, therefore, to follow up with another treatment using the same method as soon as staff are available for the purpose. The treatment lasted for two weeks and the City Engineer co-operated in the provision of staff for manhole lifting and the Chief Constable assisted through his staff where traffic difficulties were encountered.

Manholes baited..	..	330
Complete takes	74	
Partial takes ..	79	
Total takes ..	..	153
Positive results ..	..	46.4%

The usual table is set out giving the number and nature of inspections carried out under the Prevention of Damage by Pests Act but this shows the extent of the work concerned with rats and mice only.

Prevention of Damage by Pests Act, 1949

Report for Year ended 31st December, 1962

	Type of Property				
	Non-Agricultural				
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All other (including Business Premises)	(4) Total of Cols. (1) (2) & (3)	(5) Agricultural
Number of properties in Local Authority's District	415	29,205	5,367	34,987	41
Number of properties inspected as a result of: (*a*) Notification ..	28	410	96	534	—
(*b*) Survey under the Act	—	—	—	—	41
(*c*) Otherwise (e.g. when visited primarily for some other purpose) ..	71	3,384	1,906	5,361	—
Total inspections carried out—including re-inspections	355	6,280	2,848	9,483	41
Number of properties inspected which were found to be infested by: (*a*) Rats Major ..	—	—	—	—	—
(*a*) Rats Minor ..	24	412	158	594	—
(*b*) Mice Major ..	—	—	—	—	—
(*b*) Mice Minor ..	14	97	54	165	—
Number of infested properties treated by the Local Authority	38	509	212	759	—
Total treatments carried out—including re-treatments	44	554	177	775	—
Number of notices served under Sec. 4 of the Act (*a*) Treatment ..	—	—	—	—	—
(*b*) Structural work (i.e. Proofing)	—	—	—	—	—
Legal Proceedings ..	—	—	—	—	—
Number of "block" control schemes carried out	—	—	—	—	—

Visits by Operatives in connection with Rodent Extermination

		Totals
Local Government Premises		
1st Visits	32	
Re-visits	284	316
Dwellinghouses		
1st Visits	488	
Re-visits	2,896	3,384
Business Premises		
1st Visits	94	
Re-visits	942	1,036
University Premises		
1st Visits	13	
Re-visits	289	302
		5,038
Poison		
Baits Laid	10,936	

(xiii) Atmospheric Pollution

Considerable activity was necessary towards the latter part of the year in connection with the extension of our Smoke Control Area which came into operation on 1st September. This area included most of the remaining College buildings in central development with the exception of Pembroke and Nuffield Colleges and achieves approximately 50% of the original proposals for clearing the City centre of pollution. A further extension now proposed involves the whole of the area west of the central development, extending from the Radcliffe Infirmary in the north, to Folly Bridge in the south and westward as far as the city boundary at Botley. It may be, that this area will be tackled in two sections, the first extending to the railway and the second beyond the railway. The whole area involves some 1,500 dwellinghouses and 500 other premises including factories, a brewery and bottling factory, the main railway station and one or two other commercial premises. The electric power station will also be within the area and this small local booster station operating on solid fuel, although out of date is to be converted to light fuel combustion. The grade of oil to be used will be almost sulphur free. It had been hoped that this station would shortly close down but the recent hard winter has emphasised the importance of having a local power station.

Fears still exist with regard to shortage of premium smokeless fuels—and indeed all types of fuel whenever there is a difficult winter. This area is not a fuel production area and relies upon long distance transport facilities, while inadequate local fuel storage is apparent. There is still much resistance to the burning of open fire coke, although many people

have been converted to its use. It remains unpopular with distributors. There is however considerable sale of the expensive premium fuels such as Rexco and Coalite but it is not surprising that shortages exist in view of the inadequate production rate. Prepacked fuel is growing in popularity in spite of particularly high prices sometimes exceeding £20 per ton. Many people refuse to build up a winter supply of solid fuel preferring to rely on small over-the-counter purchases as required.

More attention has been given to boilerhouse detail involving alterations to combustion plant and flue construction. There is still widespread lack of appreciation by heating engineers, architects and installation firms of the need to inform Local Councils of proposals in detail so that the Clean Air Act may be complied with. Close collaboration between Planning, Engineers and Public Health Departments is essential if adequate control is to be achieved. Oil fuel continues to be very popular for commercial and industrial use and the graph concerned with sulphur pollution trends appears to demonstrate the recent tendency for increase in $S.O._2$ emission. The large and detailed graph formerly used for showing sulphur and meteorological data has now been deleted, its purpose in showing general trends having been completed. A new chart now gives simple indication of annual averages of $S.O._2$ as absorbed by lead peroxide recorders at all sites except that at Southfield School which has been in use for only a short time and would not add therefore anything of interest to the picture. Five daily atmospheric recording instruments continue in operation and assess suspended solid and acid gas content for inclusion in the special Atmospheric Pollution National Survey. Results are sent regularly to the D.S.I.R. Headquarters at Stevenage. A reflectometer is used for estimating daily smoke stains.

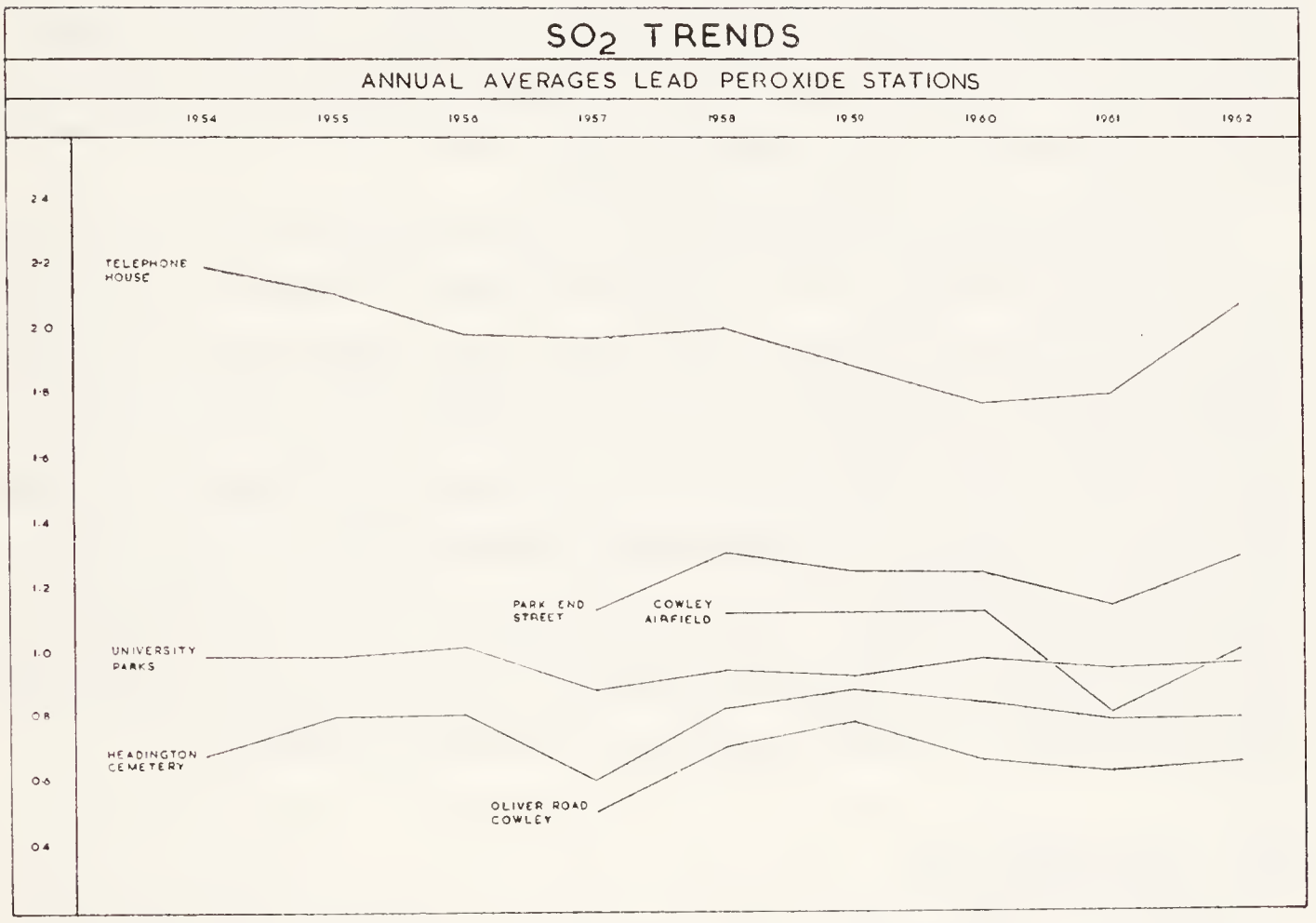
Thanks are again expressed to the various persons who have helped in Pollution Estimation work throughout the year and these include the Head of the Inorganic Chemistry Department of the University and Mr. F. Parker the Senior Technical Assistant. (It is noted with deep regret that Alderman F. M. Brewer, C.B.E., B.Sc., M.A., formerly the Head of the Department has since died). Professor Gilbert and Mr. Martin of the University Geography School and the Chief Engineers of the B.M.C. and Pressed Steel factories have also been of considerable assistance.

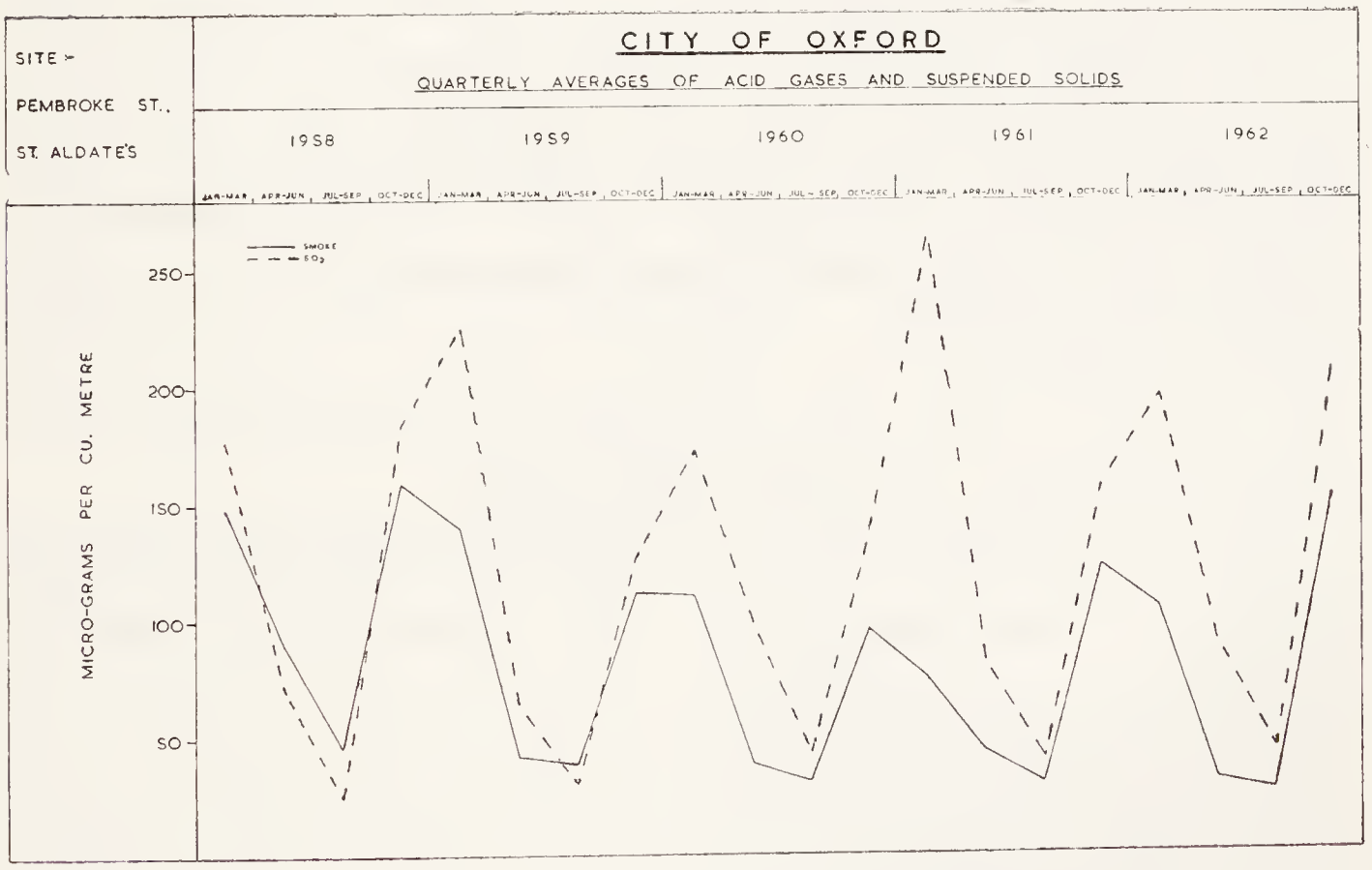
A petition was received during the year regarding fume nuisance from the Foundry cupolas of Messrs. Lucy and Co., and it seemed that downwash occurred following the installation of a modern water operated grit removal apparatus. Factory extensions had raised the roof level above the top of the cupolas. The Firm accordingly raised the height of the washers by some 15 ft. and clear of the adjoining roof structure.

Thereafter, effluent appeared to be dispersing more evenly and it is hoped that the alteration will abate the nuisance.

A number of complaints were received during the year regarding oily smuts and smoke nuisance from oil fired installations and these have been

AIR POLLUTION ASSESSMENT BY DAILY RECORDER


SO_2 TRENDS
ANNUAL AVERAGES LEAD PEROXIDE STATIONS
1954
1955
1956
1957
1958
1959
1960
1961
1962
2·4
2·2
2·0
1·8
1·6
1·4
1·2
1·0
0·8
0·6
0·4
TELEPHONE HOUSE
PARK END STREET
COWLEY AIRFIELD
UNIVERSITY PARKS
HEADINGTON CEMETERY
OLIVER ROAD COWLEY


SITE :-
PEMBROKE ST.,
ST. ALDATE'S
CITY OF OXFORD
QUARTERLY AVERAGES OF ACID GASES AND SUSPENDED SOLIDS
1958
1959
1960
1961
1962
JAN-MAR
APR-JUN
JUL-SEP
OCT-DEC
SMOKE
SO_2
MICRO-GRAMS PER CU. METRE
250
200
150
100
50

too frequent to support a contention that oil is a nuisance-free fuel. Inadequate maintenance and careless operation, coupled with problems of flue temperature are some of the causes of trouble. The B.M.C. Radiators factory at North Oxford had amendments carried out to the outlet of their paint oven equipment in an attempt to prevent odour nuisance. A duct extraction system terminating in a water tank was constructed and it appears to be working satisfactorily.

Your Chief Public Health Inspector was honoured on the occasion of the inaugural meeting of the Northern Ireland Division of the Clean Air Society held in December, at Belfast, to give a paper on the general operation of the Clean Air Act. This was entitled "Out of the Fire" and covered problems and difficulties associated with Atmospheric Pollution Control. The visit culminated in an appearance on Ulster Television "News View". A paper on "Bronchitis" which highlighted the incidence of bronchitis in polluted areas was also given by Professor Pemberton of Queen's University, Belfast. Discussion also took place with representatives of the Ministry of Northern Ireland at Stormont Headquarters with particular reference to new Legislation for Northern Ireland.

(xiv) Noise Nuisances

Despite a reduction in the number of complaints regarding noise nuisances during the year, there was still considerable attention needed to the B.M.C. paint extension building area and the vicinity of the Morris Radiators factory at Summertown. The Dawe Sound Level Meter again proved useful and your Chief Public Health Inspector was able to attend a Course specially organised by the Bucks Education Authority at the Slough Technical College for Inspectors involved in noise estimations. There seems a considerable improvement at the Morris Radiators premises where noisy fans have been replaced by quieter models and greater attention given to the use of a metal slotting machine which had been the cause of considerable complaint. A loud hailer system which operates during daytime also appears to cause considerable concern to residents along the fringe area of the factory site. The Company are investigating the possibility of introducing another and quieter system.

There was less cause for concern from Messrs. Lucy Eagle Ironworks in Walton Well Road but towards the end of the year there was further complaint about noise from the B.M.C. paint extension building at Cowley. In addition to a general background of fan noise there was said to be persistent noise during night shifts from trolleys, vehicles and shift workers. General assessment of noise levels averaged between 55—60 dBs. (scale A) in the vicinity of the residences from which complaints were received. Using the Building Research Station formula, this level seemed about the border line over which complaints might be expected from a residential area closely associated with factory development. The *ad hoc* noises arising from passage of trolleys, vehicles and nightworkers fluctuate from

time to time beyond this level and, if sustained over a period, could form a reasonable cause for complaint. A special meeting of residents was called towards the end of the year when local Councillors discussed the situation and the Chief, Deputy Chief and District Inspector concerned were able to take part in the proceedings. Considerable feeling was evident from certain complainants but it was also obvious that there was some concern about the motor industry and local employment. Extra night shift work has been declared as essential, and noise at night may therefore be expected to continue. The management seem anxious to do all they can, although major expense could prove embarrassing to the factory process. Arrangements for re-routing vehicles were made by the management and were in operation at the end of the year. Instructions were also issued through shop stewards and others concerned with working conditions for collaboration so as to reduce excessive noise. Road repairs were carried out in order to reduce the likelihood of noises from moving vehicles and fan ducts were fitted with flexible couplings during the year. This latter operation, however, did not result in as much improvement as was hoped. There was disappointment with the result of the two silencers tried out. Lagging of stacks at the paint primer end was also completed during 1962. Noise estimations were carried out from time to time towards the end of the year, mainly at night, in order to assess levels. It is hoped that the problem may be overcome without recourse to statutory action.

Noise nuisance will continue to be of constant interest to the Department for the public realise that abatement powers exist. It is often apparent that residents tolerate a surprising amount of noise without complaining, although much depends on the character of the noise in relation to the general circumstances. Noises from mobile trailers are dealt with by the Police and one or two successful prosecutions were noted, mainly associated with ice cream vehicles. Planning of industry and commerce continues to be of considerable importance in regard to noise nuisances and early precautions to deal with proposals for the siting of noisy processes could do much to avoid possible future nuisance problems.

(xv) Swimming Baths and Bathing Facilities

The following is a list of the bathing places in general use within the City, fuller details being available in the 1961 report.

Open Bathing Places	Wolvercote
	Tumbling Bay
	Longbridges
	Parson's Pleasure
	Maid's Delight
	Dragon School
	Lady Margaret Hall
	St. Clements'
	Cutteslowe

Public Swimming Baths	Hinksey Open Air Pools Temple Cowley
School Swimming Baths	Oxford High School St. Edward's Headington Girls' Rose Hill Wood Farm New Marston

There is a growing interest in the provision of instructional pools at schools and by the end of next year there may well be several additional small baths provided for this purpose in City schools. Proposals are in hand for an open swimming pool at the Milham Ford Girls' School during 1963. Daily testing is carried out by school staff and weekly inspections are made by District Public Health Inspectors during the schools' swimming season. Assessments of free chlorine are made from time to time, as necessary, and the City Water Engineer regularly samples the water in the public swimming baths at Hinksey Open Pools and Temple Cowley Covered Pool. 17 samples were taken from school baths and 6 from the Wingfield Hospital treatment baths. No attempt was made to sample the water at the open bathing places on the rivers. Conditions generally gave no cause for concern and the season passed off without major incident. There is still need for particular attention in open pools to the removal of floating debris and surface scum to avoid carry over and choking of filters. Sediment also needs periodic removal as foreign matter tends from time to time to find its way into open pools. Despite the use of swimming pools, there has been no serious complaint regarding foot infections, etc., although foot baths are not as general as is thought desirable.

(xvi) Water Supply

The following report has been kindly supplied by the City Water Engineer (Mr. H. H. Crawley, A.M.I.C.E., M.I.W.E.).

The flow of the River Thames, the source of supply, was adequate throughout the year and so was the supply to consumers except for a period in June when very heavy consumptions of water for gardening purposes threatened to exceed the capacity of Swinford Treatment Works and it became necessary to impose a ban on the use of hose-pipes and sprinklers. This ban lasted from 22nd June to 16th July.

The total quantity of water treated at Swinford Works and pumped to supply during 1962 was 3,399,788,000 gallons, an increase of 33,445,000 gallons on the quantity treated during 1961.

After deducting metered supplies the average consumption per head per day was 28.2 gallons.

Except for some taste trouble from phenols in the Thames during the first week in January the quality of the water supplied was satisfactory.

Bacteriological Examinations

Samples of water from the River Thames were taken each month together with samples after settlement, after filtration and of the final water leaving Swinford Works. Examinations of these samples were made by the Public Health Laboratory and showed the following ranges in the probable number of coliform bacilli (2 days at 37°C) per 100 ml.

River Thames samples	35 to 35,000
Settled Water samples	0 to 35
Filtered Water samples	0 to 3
Final Water samples	0

Bacteriological samples were taken at least weekly from each of the service reservoirs and from consumers' taps in various parts of the area of supply with the following results.

Place of Sampling	Total No. of samples taken	Results		Satisfactory samples as percentage of total number %
		Satisfactory	Unsatisfactory	
Beacon Hill Reservoir	53	52	1	98.1
Headington ,,	56	52	4	92.7
Shotover ,,	59	50	9	84.7
Boars Hill ,,	55	48	7	87.2
Brasenose ,,	54	52	2	96.3
Wootton ,,	55	52	3	94.5
Consumers' Taps	228	222	6	97.5
Totals ..	560	528	32	94.3

Of the unsatisfactory samples one only, from Shotover Reservoir, was due to faecal organisms.

Chemical Analyses

Monthly samples of the raw Thames water and of the final water were taken and examined by the Royal Institute of Public Health and in addition weekly examinations of the raw and final water were made at Swinford Works.

The ranges of the physical and chemical characters of these samples were as follows:—

	Raw Thames Water		Filtered Water	
	Max.	Min.	Max.	Min.
Physical Characters—				
Turbidity: units	130	4	53	nil.
Colour (Hazen)	106	5	44	nil.
pH	9	7.5	8.5	7.1
Electrical Conductivity at 20°C ..	620	490	624	500
	Parts per million		Parts per million	
Chemical Characters—				
Total solids dried at 180°C ..	456	345	445	339
Chlorides as Cl	34	20	35	20
Nitrite Nitrogen	Trace	nil.	nil.	nil.
Nitrate Nitrogen	7.6	3	7.9	1
Ammoniacal Nitrogen	.7	.01	.6	nil.
Albuminoid Nitrogen	.7	.07	.36	.01
Oxygen absorbed 4 hrs. at 27°C	5.5	.65	2	.35
Alcalinity as $CaCO_3$	258	150	250	122
Hardness as $CaCO_3$:				
Carbonate	258	150	250	122
Non-Carbonate	108	53	134	64
Total	325	236	320	234
Free carbon dioxide as CO_2 ..	15	nil.	33	nil.
Residual Chlorine	—	—	.4	Trace
Metals	nil.	nil.	nil.	nil.
Phosphate as PO_4	7.5	.1	.52	Trace
Silica as SiO_2	50.4	1	12	.50
Fluorides	.2	.14	.18	.13
Detergent as Manoxol O.T. ..	.5	.1	.4	.07

The number of dwelling houses in the City is 29,376, all of which are directly supplied.

In addition there are 24 caravans supplied by standpipes.

The total population of the City is 106,560, of which it is estimated there are 36 persons living in caravans.

(xvii) Sewerage and Sewage Disposal

The City Engineer and Surveyor, Mr. J. Campbell Riddell, B.Sc., M.I.C.E., M.I.Mun.E., is responsible for the sewerage and sewage disposal system.

The City is served by a separate system of sewerage, although a certain amount of surface water does enter the foul system. Every attempt is made by the City Engineer's Department to exclude this. The foul system discharges into a modern sewage pumping and purification plant at Littlemore, while surface water enters the Thames at various points along its banks. The main drainage system was apparently laid between 1872—1880 consisting of trunk and tributary sewers still forming, with little alteration, the present system for the City. Prior to 1957 the sewage flowed through an outfall sewer following the east bank of the

River Thames to a pumping station at Littlemore where the sewage was screened before being pumped to a sewage farm at Sandford-on-Thames for treatment by land filtration and broad irrigation. With the construction of the modern works by 1957 and new pre-treatment plant and pumping station, it was possible to discontinue the sewage farm operations and dismantle the old pumping station at Littlemore.

The land formerly used for sewage farm purposes is now being brought into use as the Blackbird Leys housing site on which a population of 10,000 will be ultimately re-housed. So far some 5,000 residents are in occupation and development proceeds steadily. The modern purification scheme is on activated sludge principles involving coarse and fine screening and disintegration and grit removal followed by primary sedimentation by means of floculation. Aeration of the effluent is by the "Simplex" process, incorporating high intensity aerating cones. These are contained in a large number of special tanks and subsequent to this treatment final separation takes place in circular tanks before the final effluent flows through a 42-in. concrete outfall pipe some 400 yards long, terminating in the Sandford brook connection to the Thames. Sludge is digested to produce gas which is used at the works for generation purposes and residual sludge is partially dried and consigned to land near the works. The material, although a useful fertiliser, is not popular with local farmers, even at the mere cost of transport.

Amendments and additions to the purification plant have been found necessary since the completion of the works some six years ago. The plant originally estimated as adequate to cope with 4.8 million gallons per day is now dealing with over $6\frac{1}{4}$ million gallons per day. Intensification of the aeration process has been found necessary to cope with this demand in order to satisfy the Royal Commission standard for effluent. The Thames Conservancy Authority are imposing even more stringent standards for effluent and extra expenditure for construction is needed to ensure that future capacity and treatment is adequate. There is said to be a noticeable increase in suspended solids for treatment due to the increasing use of garbage grinders.

There are still within the City boundary some 34 premises which, for site reasons, cannot be connected to the main sewerage system and in these cases cesspools or septic tanks are in use. The cesspools are emptied at regular intervals, usually by a privately operated pumping unit which serves the district. Occupiers meet the cost of emptying as necessary. In the case of septic tank systems installations are supervised by the Building Inspectors' section of the Department. Little in the way of nuisance has been reported from either cesspool emptying or septic tank effluent.

(B) HOUSING CONDITIONS

74 houses were demolished during the year as against 50 the previous year but the number of families rehoused was reduced, there being 62 (113), a decrease of 51. 7 (3) Demolition Orders, 18 (15) Closing Orders and 46 (53) Certificates of Unfitness were made during the year. The number of properties left to deal with under our Slum Clearance Scheme was 79 and these should be dealt with during the coming year. No further redevelopment has taken place in the St. Ebbe's area, although a considerable proportion of the area has now been cleared and there seems slight hope that a firm decision may be reached in the not too distant future in connection with the roadline which should give opportunity to proceed with a further section of redevelopment. There seems little likelihood of the St. Barnabas area being dealt with for some years and the condition of some of the property in that area is bound to give rise to some concern before that event. Private redevelopment of part of the area is expected and signs of rehousing are now becoming evident.

Improvement Grant applications received by the City Engineer during the year numbered 76 (84) in respect of Discretionary Grants and 64 (84) were issued to a value of £12,174 (£18,208). 88 (68) applications for Standard Grants were also received and of these 78 (63) were approved to a value of approximately £4,892 (£6,485). There seems, therefore, to have been only a slight improvement in the figures relating to Standard Grant approvals with a reduction in respect of Discretionary Grants. This is not surprising in view of the cost of repairs usually involved in Discretionary Grant work, for there is no doubt that such greatly increases the amount to be found by the applicant. The general attitude of owners is to avoid maintenance work yet hope to keep down the amount spent to an absolute minimum. The result of this is an ever-increasing picture of lack of maintenance which never seems to be caught up over the years despite activity among jobbing builders who never seem short of work.

Interest is now switching from the Closing and Demolition of houses to the repair and improvement of property and this is at once bedevilled by the bogey of cost. The amount of Grant available for Standard improvements is already out-dated as costs have increased considerably since they were fixed and this means that more money has to be found by the owner than was originally envisaged. The provision of standard amenities in houses which are far from satisfactory as regards general repair and maintenance seems a step economically unsound. On the other hand there is great resistance by owners to the expense involved in carrying out necessary repairs by reason of high cost and apparent disinclination to become involved in loans. This is particularly noticeable in the case of middle aged and elderly owners or owner-occupiers. Even the attraction of improved rental at twice the gross valuation + $12\frac{1}{2}\%$ of the cost of improvements seems insufficient to stir up enthusiasm. Moreover it is known that many houses up and down the country are occupied at

uneconomic rents by tenants who are not anxious to pay any more. In the case of controlled rentals little use is being made of the Rent Acts to secure necessary repairs, there being apparent stalemate in this connection between owners and occupiers. The Housing Committee have given close and increasing attention to the request of the Minister of Housing and Local Government (Circular 42/62) for a big increase in works of improvement to houses. The Chief Public Health Inspector was asked to consider circumstances and report to Committee on such parts of the City as appeared suitable for systematic improvement. The 1951 census showed that no less than 7,139 families were without a fixed bath on the premises but only 153 without a separate w.c. There is still a possibility that some 5,000 premises, or about 16½% of the houses in the City, are without fixed baths.

Following consultations with officers of other Departments, an area of South Oxford just north of the Hinksey pools and south of Folly Bridge was selected. This area near the City centre contains some 526 houses, mainly of sound terrace type property, approximately 60 years old, built of brick with slated/tiled roofs and an average size of 6—8 rooms. The majority have back additions to the main structures, suitable for conversion in many cases to bathrooms with internal sanitary accommodation. A detailed report and plan was prepared showing the area and giving details of ownership and presence or absence of amenities. Of 461 houses inspected, 229 were found to need improvement in greater or lesser degree. 138 were found to have all amenities, with no less than 92 having all amenities except a ventilated foodstore. 206 houses were found to be owner-occupied and 255 rented to tenants at an average rental of about £1 per week. Attempt was made, both during the original inspection and subsequently, to interest the owners concerned in the possibility of Improvement Grant work in the area. Despite the offer of technical assistance and advice from the Chief Building Inspector and circulation of full information, very few owners indicated their interest.

It was intended to improve a small block of properties first as a means of advertising the scheme but the owner of one such block of properties, after displaying considerable interest, withdrew application for Grant on the basis that too much money was involved and cost would be uneconomical. Two houses in need of improvement and in Council ownership were also considered for improvement but they were both occupied by elderly people not anxious to be concerned with the upset. The cost of repairs was estimated at around £500 each, with at least that sum or more involved in the provision of amenities. Furthermore the houses were unfortunately not in as good a condition as many in the area.

At the end of the year little progress had been made with the scheme and further meetings of a special Sub-Committee were organised to explore ways and means of implementing the Improvement scheme, A special Improvement Grant officer might be appointed in the future to work in close liaison with all Departments concerned. Much hard work lies ahead

in this challenging field of housing improvement and despite what has apparently been achieved in certain places there remains a very stubborn core or resistance to calls for what seems excessive expenditure involved in improvement work allied to essential repairs for which Grant is often not payable. Mr. J. Goodfellow, the Chief Public Health Inspector of Leeds, who has been active in stimulating Grant Aid schemes in that town where many back to back houses are being reconditioned, sent some interesting details of the Leeds scheme for our assistance. It remains to be seen whether any real progress will be made locally in this type of work during the next year or so.

Another challenge in the field of housing problems involves houses in multiple occupation and a preliminary enquiry was made concerning houses found through the Electoral lists as containing a high number of occupants. Many hundreds of coloured immigrants have taken up communal occupation in the City. Conditions in some of these houses are not very satisfactory, although there seems little in the way of sordid conditions such as are experienced in some towns. Overcrowding seems obvious in many cases, particularly where Pakistanis are concerned, but is often difficult to prove and language difficulty is the principal obstacle to progress. An offer from a Pakistani student to act as interpreter was accepted and details of our Management Regulations are being stencilled in Urdu.

The following standards were adopted by the Housing Committee for use only when Management Orders involving unsatisfactory conditions in multi-occupied premises are being considered.

1. *Natural Lighting* to be adequate in living room, bedrooms or combined rooms which shall have a window area of 1/10 of the floor area, half of which shall be made to open.

2. *Artificial lighting* shall be of satisfactory standard and provided and maintained in all habitable rooms, staircases and other parts of the premises used by occupants. Artificial lighting shall be by gas or electricity.

3. *Ventilation* to the external air shall be adequate in all habitable rooms, kitchens, bathrooms and water closets and shall be maintained at a satisfactory level at all times.

4. *Water Supply* shall be sufficient for the purposes of the occupants and be provided by piped mains with tap over a sink for each part of the premises let as a separate dwelling. Where such separate supply is not conveniently practicable provision shall be made for a supply to the satisfaction of the Chief Public Health Inspector.

5. *Personal Washing Facilities* in the form of a properly drained wash hand basin and bath having hot and cold water supply over each

shall be provided for the use of every 8 persons occupying the premises and adequate privacy shall be ensured for use at appropriate times.

6. *Sanitary Accommodation* in the form of a separate w.c. properly lighted and ventilated and having proper doors and fastenings to ensure privacy shall be provided for every 8 persons living on the premises.

7. *Drainage* shall be in accordance with Building Byelaws and include properly drained sinks for the disposal of waste water sufficient in number but separate for each separate letting, where conveniently practicable.

8. *Food Accommodation.* (*a*) Cooking accommodation shall be provided separate and sufficient for each family occupying the premises or otherwise be adequate in number and size for the convenient and proper use by all occupants of the premises. No such cooking accommodation shall be placed on any staircase, landing, or in any bathroom or w.c.

(*b*) A working surface or table having an easily cleansable surface shall be provided in connection with each set of cooking accommodation.

(*c*) A food store with adequate ventilation to the external air and of sufficient capacity shall be provided for the storage of perishable goods.

9. *Space Heating* shall be provided by gas, electricity, oil, or solid fuel sufficient to provide reasonable comfort for all occupants. No portable oil heater shall be used without special permission of the Oxford City Council.

10. *Means of Escape in Case of Fire* must be provided to a standard considered necessary by the Fire Prevention Authority.

11. *Overcrowding.* The Health Occupation Number fixed by the Oxford City Council Housing Committee shall not be exceeded.

Perhaps the outstanding feature of the standards adopted is a Health Occupation Number in lieu of the Housing Act permitted number, on which to estimate overcrowding. This is an attempt to achieve a reasonable and workable standard of occupation without serious effect on houses offering bed-sitting accommodation and which are part of the Oxford town and gown scene. The Health Occupation Number is calculated by counting all persons, including children from birth, as single units. One room in the house in addition to the kitchen is set aside as a room not to be used for sleeping purposes. The remaining rooms are then allocated numbers according to size: 1 unit 0—70 sq. ft., 2 units 70—150 sq. ft., 3 units 150 sq. ft upwards, half units being discarded in the total estimation. Separation of the sexes is involved at 5 years of age with the usual exclusion of married couples. In this way it has so far been found that the number permitted is usually less than the Housing Act permitted

number except in the cases of larger families of children. The principle seems to be working out quite well so far without any serious difficulty. The Health Occupation Number is also used as a basis for occupation of houses forming the subject of application for purchase loans through the City Council and it seems to operate quite well in this connection. The system is subject to amendment if experience suggests that such is necessary.

171 visits were made with regard to overcrowding during the year but only 2 cases were dealt with by Notices, which secured abatement in each case. The survey of multi-occupied houses continues and where appropriate the Housing Committee will consider the application of Management Orders.

Land Charge enquiries made through the Town Clerk's Department totalled 1,826 as against 1,574 and showed an increase in the number of premises changing hands during the year. The new Cowley Centre had made excellent progress by the end of the year and shopping facilities there are already very much appreciated. The Blackbird Leys Housing Estate is now connected by bridge and roadway and residents are able to make full use of the facilities which are growing in number and type.

High Flat Construction Blackbird Leys Estate

Repairs and Improvements carried out, 1962

Items	Dwelling Houses	Food Premises	Other Premises	Total
Accumulations Removed ..	17	13	—	30
Animal Nuisances Abated ..	7	—	2	9
Cooking Accommodation ..	8	1	—	9
Dampness Remedied	15	—	—	15
Dustbins	3	8	6	17
Drains Tested	19	1	4	24
Drains/Waste Pipes Cleared ..	26	1	4	31
Drains/Waste Pipes, etc. Repaired	6	5	—	11
Doors/Windows Repaired ..	12	7	1	20
Ditches/Streams Cleansed ..	1	—	—	1
Floors Repaired/Renewed ..	8	6	—	14
Food Cupboards	2	5	—	7
Food Lifts—Cleaned/Rep. ..	—	—	—	—
Food Hygiene (Coverings) ..	—	—	—	—
Gutters, Spouting	15	2	1	18
Hot Water Supply	—	11	—	11
Lighting Improved	1	2	2	5
Manure Pits Emptied/Rep./Improved	—	—	—	—
Piggeries Cleansed/Repaired ..	—	—	—	—
Roofs Repaired/Renewed ..	29	6	1	36
Rooms Cleansed/Redecorated ..	7	35	1	43
San. Accom. Prov./Rep. ..	13	6	3	22
San. Accom. Cleansed and Redecorated	1	18	3	22
Sinks/Wash Basins Rep./Prov ..	1	16	3	20
Sites Cleared	30	4	—	34
Smoke Nuisances (Industrial) ..	—	1	—	1
Smoke Nuisances (Clean Air Zone)	—	—	2	2
Stables Cleansed	—	—	—	—
Ventilation Improved	7	4	1	12
Walls and Chimneys (External) ..	4	1	2	7
Walls and Ceilings (Internal) ..	13	23	1	37
Water Supply Prov./Reinstated	14	3	—	17
Water Heaters Provided	1	11	—	12
Water Supply Installed	1	3	—	4
Yards Repaired, etc.	1	—	—	1
Other Nuisances	4	18	—	22
Pail Closets Removed	—	—	2	2
Totals	266	211	39	516

(C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES

(i) Milk and Milk Products

The number of distributors on the register at the end of the year remains well above the figures for 1959 and 1960, being twice the figure for 1959 having now reached 111. There is, of course, general registration required of all persons selling milk, even in closed containers such as cartons or bottles, so that many general dealers retailing milk in closed containers have now to be registered. There is an increasing number of self-service machines in the City (22) providing a supply of refrigerated milk in cartons, and on the whole the keeping quality of the milk was good, despite one or two failures due to oversight in regard to rotation of stock. So long as regular filling and satisfactory maintenance is carried out there should be no cause for anxiety about keeping quality. There seems a tendency for slackness by some retailers in the proper maintenance and cleansing of machines and constant vigilance by Inspectors has been found necessary. Interest in cartoned milk seems to be growing steadily and eventual change from bottles to cartons for supply may well take place within the next few years, despite apparent cost. The Co-operative Milk Depot in Botley Road continued satisfactorily, although suffering from staff and layout difficulties. Milk was of good keeping quality and efficiently heat treated. Supplies from depots outside the City were no less satisfactory and altogether the milk supply of the City seems to be in good hands and gives minimum cause for concern. No ungraded milk is retailed within the City and only a few pints of raw milk of Tuberculin Tested quality are sold within the City. The Warneford Hospital Supply (from its own herd), although of T.T. quality, is not officially graded and is therefore classed as ungraded milk. The supply is, of course, confined to the hospital patients. There was an increase in the number of general stores selling bottled Pasteurised milk (89 as against 87) and sterilised milk is also available throughout the City.

277 samples of milk were examined by staff using the Gerber apparatus available in the Department. This is 140 more than in the previous year. 90 (45) samples of Channel Island quality showed 4.59% fat content as against 4.26%, with non-fatty solids at 9.12% as against 9.71%. 187 (92) samples of pasteurised milk other than Channel Islands quality averaged 3.83% fat content as against 3.88%, with 8.62% of non-fatty solids as against 8.29%. These samples are quite satisfactory being above the official minimum standard of 3.5% fat and 8.5% non-fatty solids. Milk Depot reports were also relied upon to reveal inferior quality supplies but there were no unusual results during the year and milk quality proved generally satisfactory. Keeping quality was good, 353 samples being taken for the Methylene Blue Test and only 10 failed. 8 of these were of T.T. pasteurised milk. These unsatisfactory results were in connection with the supply of a single distributor who was in difficulty with facilities for overnight storage. Of 28 samples from school supplies, only 1 proved

unsatisfactory, and of the 353 samples examined by the Phosphatase Test —which determines the efficiency of pasteurisation—again only 1 failed. Investigation into the circumstances revealed nothing of significance to suggest inefficiency of the system and no other milk from the depot concerned failed tests elsewhere. 16 samples of sterilised milk satisfied the Turbidity Test which indicated satisfactory processing. The interest of the Ministry Veterinary Officers in Brucella abortus infection continues but, as already stated, practically all the milk sold in the City is heat treated and therefore comparatively safe. The domestic raw supply of the Warneford Hospital is regularly tested for Brucella infection and so far has proved negative.

Milk Sampling Results

	Samples tested	Satisfactory	**Failed**
Raw Milk (*Methylene Blue Test*)			
T.T. (Farmbottled) ..	—	—	—
T.T.	—	—	—
Ungraded	13	13	—
Total	13	13	—
Heat Treated Milk (*Methylene Blue Test*)			
Pasteurised	83	81	2
T.T. Pasteurised ..	270	262	8
Total	353	343	10
Heat Treated Milk (*Phosphatase Test*)			
Pasteurised	83	83	—
T.T. (Pasteurised) ..	270	269	1
Total	353	352	1
Heat Treated Milk (*Turbidity Test*)			
Sterilised	16	16	—
Total	16	16	—

Tubercle Bacilli in Milk

13 (4) samples of raw milk were examined for tubercle bacilli by biological test and were negative. All were from the supply in the Warneford Hospital. No samples of pasteurised milk were examined during the year, there still being a shortage of guinea pigs and examination of supplies which are efficiently pasteurised seems pointless.

Ice Cream

There was an increase of 35 ice cream dealers registered during the year, the figure reaching 671 (636). There is now considerable activity in the production and sale of soft ice cream from vehicles fitted with extrusion freezers. Considerable difficulty is met in sampling from such vehicles as they are constantly on the move and often more apparent outside normal working hours than otherwise. Some anxiety was felt in one or two cases because of possible inattention to efficient cleansing routine, and great care was taken to impress upon every roundsman the need for particular attention to the details of hygienic operation with thorough sterilisation of appliances. 24 (14) samples of ice cream taken showed on analysis 8.99% (10.09%) fat content and 17.39% (17.89)% sugar, with total solids 36.38% (37.05%). One sample proved only just over the minimum figure for fat content—5.1% as against the national minimum of 5%. This was a cold mix sold in a local shop and proved an exceptional sample. The general average has, however, dropped and suggests a slight lowering of quality. Indeed, of recent years the fat content of ice cream appears to have been progressively reduced from within double figures to well below 10%. 141 (54) samples examined for bacteriological quality resulted in 124 being declared satisfactory (within Grades I and II) and 17 unsatisfactory (within Grades III and IV). As is usual, most of the unsatisfactory samples related to follow-up routine involving poor results in the first instance. Faulty cleansing routine was invariably the cause. Ice cream production on the whole has proved of very high standard and the product maintains its reputation as a generally safe and sound article of diet.

(ii) Clean Food Campaign

(a) Inspection of Food Premises

3,610 visits were made during the year to food premises of all kinds for purposes of investigation under the Food Hygiene Regulations. In this connection Inspectors served 15 "on the spot" notices (yellow tickets) as against 12 the previous year, it being notable that no less than 12 of the 15 were served at the St. Giles' Fair in early September. An amended form of this Notice is to be printed and used in 1963 as the previous forms have become out of date. It is still gratifying to note, however, that only a few are necessary and this is some commendation of the conditions found generally in food premises throughout the City. This is also despite the Catering Trade labour problem which prevails and is some tribute to the efficiency of managements in coping with problems made worse by staff shortages.

The Covered Market was considerably improved by the end of the year with completion of the fish stalls modernisation scheme near the Market Street entrance. Although not completely enclosed, they have

FISH STALL (Covered Market) *BEFORE MODERNISATION*

FISH STALL (Covered Market) *AFTER MODERNISATION*

been re-constructed in hygienic materials with floors efficiently drained to covered outlets. There is no doubt that the improvements are generally appreciated by staff and public.

Inspection of Food Premises

Premises	No.	Inspections
Bakehouses	17	183
Butchers	84	568
Cake Shops	33	181
Confectioners	74	180
Dairies and Milk Depots	15	121
Fishmongers and Poulterers	14	456
Preparation and Service of Food	217	1,098
Fruiterers and Greengrocers	65	658
Grocers	216	1,042
Ice Cream Manufacturers	6	95
Miscellaneous (including Ice Cream Retailers, etc.)	—	1,397
Market Stalls, Hawkers, etc.	62	341
St. Giles' Fair Food Stalls	50	450
Visits *re* Sampling	—	634
Public Houses and Social Clubs	152	223

(b) Hygiene, Education and Publicity

Activity in this field continued and considerable use was made of our projector, slides and filmstrips to illustrate talks covering general environment and the work of the Public Health Inspector, food handling and hygiene, clean air progress and housing activity. Regular lectures are given to medical students, district nurses and nursery nurses, and talks given to apprentices at the training course run by the Oxford and District Co-operative Society. Lectures on food and drugs procedure and food hygiene are given at the Annual Licensed Victuallers Training Course, while talks are also given to groups of students at the Domestic Science training centre at Singletree House, Rose Hill. Illustrated contributions are popular with meetings of the Townswomen's Guilds, Women's Institutes and domestic science classes at schools. The Oxford Consumer Group are proving active in connection with food retailing and stimulating interest among consumers in conditions affecting the sale of food and also in the marking and labelling of goods affected by Orders.

(c) Hospital Hygiene

Visits to hospitals within the City were made with particular regard to treatment against rodents and insect pests, and work in eradicating pigeons has also been given attention. Kitchens are visited and advice given from time to time, as necessary. 173 visits were made during the year. There is constant co-operation from staff of the hospitals in efforts to maintain good hygienic standards. The special treatment against

infestation with Pharoah's ants at the Radcliffe Infirmary continued throughout the year and complaints have remained remarkably few. It is fairly evident that constant attention is necessary, but the use of modern insecticidal lacquer has been of considerable assistance in combating these pests, despite continued building operations on a very crowded site.

The special new incinerator at the Churchill Hospital for refuse disposal was not completed by the end of the year but this should not be long delayed,—after which bagged refuse from the Radcliffe Infirmary will be transported to the Churchill site for disposal. Other hospitals may also participate.

(iii) Meat Inspection

Work has at last commenced on the modernisation of the Eastwyke Farm slaughterhouse and, although there was hope that the work would be completed by the end of the year, this proved unfulfilled. Labour difficulties and delay in supplies, coupled with extreme wintry conditions towards the end of the year, hampered progress. Drainage problems too were encountered but completion should be achieved before the middle of 1963 and thus provide the City area with a second modernised slaughterhouse ensuring facilities adequate for all local demand.

Slaughtering and meat inspection continued despite the building activity on the premises, and appreciation is expressed to my colleagues who worked under very difficult conditions at these premises. Conditions were far from normal in the field of meat inspection and must have caused considerable discomfort. When the scheme is completed there will be adequate accommodation for Inspectors and slaughterhouse staff, improved facilities for hanging of carcases, and better inspection arrangements. The Co-operative Society slaughterhouse in Botley Road continues to operate most efficiently. Meat inspection arrangements continue as usual at both premises on a rota basis of weekly duty (approximately 1 in 4) for each Inspector, so allowing a break in normal district work. Hours of slaughter are regular each day, reasonable, and with practically no weekend duty, except under rare exceptional circumstances. The staff of the Co-operative Society and Messrs. L. Alden and Son work harmoniously with all Inspectors of the Department and we are also grateful for the help and co-operation of the Ministry Divisional Veterinary Officer, Mr. Crowhurst. Public Health Laboratory and Morbid Anatomy Department staffs at the Radcliffe Infirmary continue to help by the examination of specimens and we are grateful for their assistance.

The larger cool hanging hall at Eastwyke Farm has already been found of great benefit, and, while even more cold storage is required within the City, there is now a useful amount available. The bakeries of Messrs. Weeks and Company and Oliver and Gurden, with the Deep Freeze

Company at Wolvercote, have considerable space available. Details of throughput at each slaughterhouse is as follows:—

	Eastwyke	*Co-op.*
Bulls	1	—
Steers	1,111	1,547
Cows	245	393
Heifers	718	1,872
Calves	806	296
Sheep	9,269	9,782
Pigs	3,468	7,118
	15,618	21,008
Total		36,626

There was a drop in the number of animals slaughtered during the year, but the figure of 36,626 is still well above the average number slaughtered and inspected over the last 10 years, the average being 33,068.

Cysticercus Bovis

11 (15) suspected cases of this condition (tape-worm cysts) were observed during the year. This is a decrease on previous years. Of the 11 presumptive cases 3 were confirmed as viable and 2 as degenerated Cysticercus bovis. 4 were reported as granulomata, and 2 as sarcosporidia. In 10 cases cheek muscles were involved and in one the muscles of the heart. All animals concerned had been referred for cold storage precautions. Reference to the origin of the animals involved was also made to the Divisional Veterinary Officer of the Ministry.

Liver Fluke (Fascioliasis)

There was a welcome reduction in the incidence of this parasitic condition in livers which causes considerable economic loss to butchers. The figure for bovines was the lowest for some years and that for sheep slightly less than last year.

Year	Bovines Inspected	Bovines Affected	Per-centage	Sheep Inspected	Sheep Affected	Per-centage
1953	9,502	1,119	11.75	15,017	541	3.57
1954	8,982	734	8.14	18,079	254	1.39
1955	6,392	777	12.12	12,847	197	1.51
1956	7,779	1,057	13.52	17,722	205	1.14
1957	6,310	548	8.66	11,042	29	0.26
1958	5,542	668	12.02	11,491	59	0.51
1959	4,993	1,176	23.55	19,066	641	3.36
1960	5,971	1,068	17.88	18,225	182	0.99
1961	5,584	936	16.41	21,498	336	1.56
1962	5,887	837	14.22	19,051	248	1.30

Tuberculosis

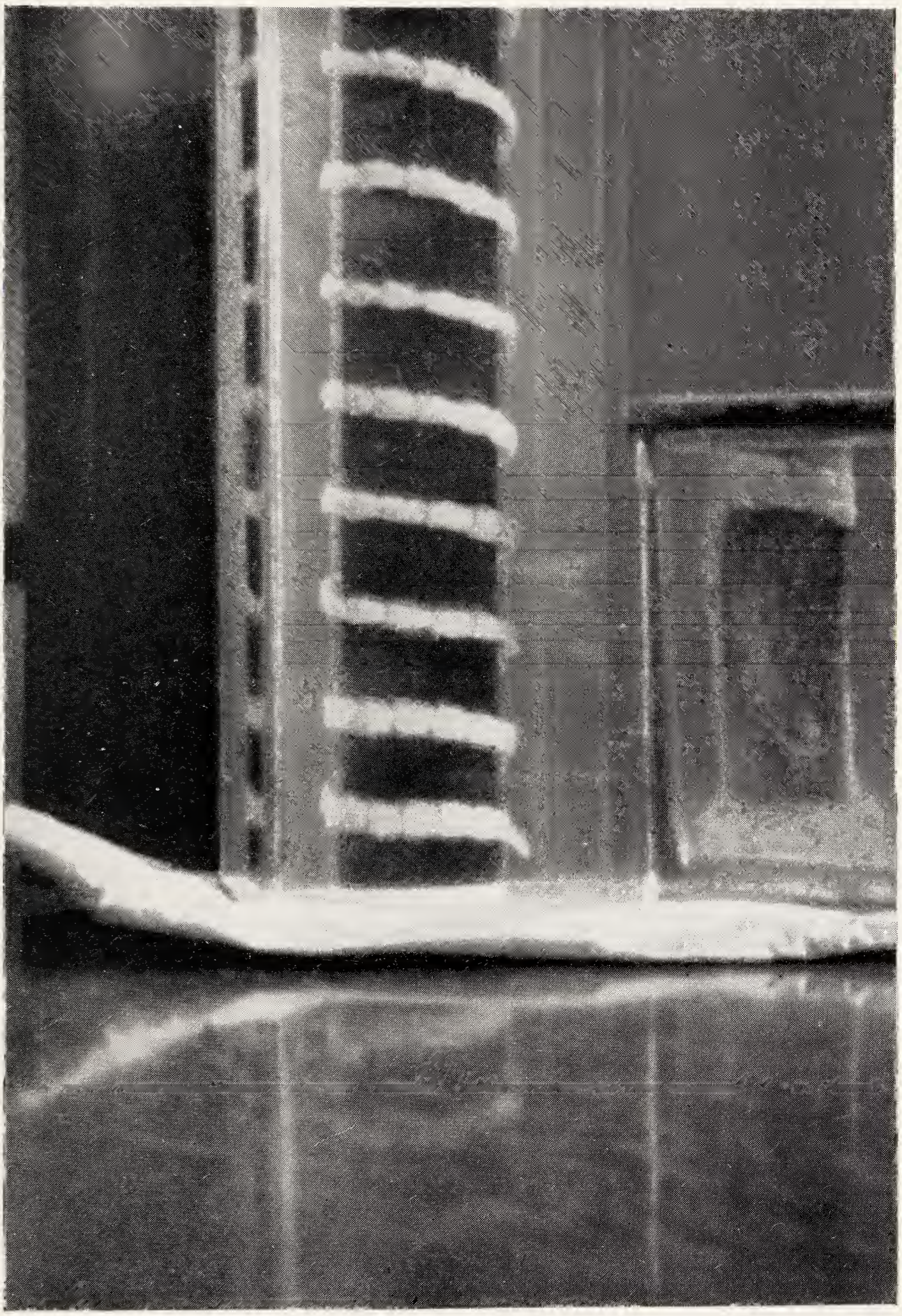
As mentioned last year, this disease is now comparatively rare in the Slaughterhouse and the figures for this year are an all-time record, there being only 0.05% of adult cattle found affected, a nil return for calves and 0.55% in pigs. Ten years ago the figure for adult cattle was in the region of 10% with pigs over 3% and such figures were considered good at that time. Every case found now is, of course, of particular importance and information is given to the Divisional Veterinary Officer for follow-up purposes. Pseudo-tuberculosis is a condition resembling Tuberculosis in the cervical lymph nodes of pigs due to infection with Corynebacterium Equi. It is often found in pigs slaughtered at bacon factories. 7 samples of lymph nodes submitted to the Public Health Laboratory for diagnosis were returned as follows:—

Number of pigs from which samples were taken	7
Number diagnosed as Tuberculosis	nil*
Number diagnosed as Pseudo-tuberculosis	nil
Number diagnosed as Lymphadenitis	1

* Histologically 5 samples showed acid fast organisms and a general picture suggesting Tuberculosis but cultures proved inconclusive. One other sample also proved negative. During 1961 of 48 samples examined, 31 were recorded as Tuberculosis.

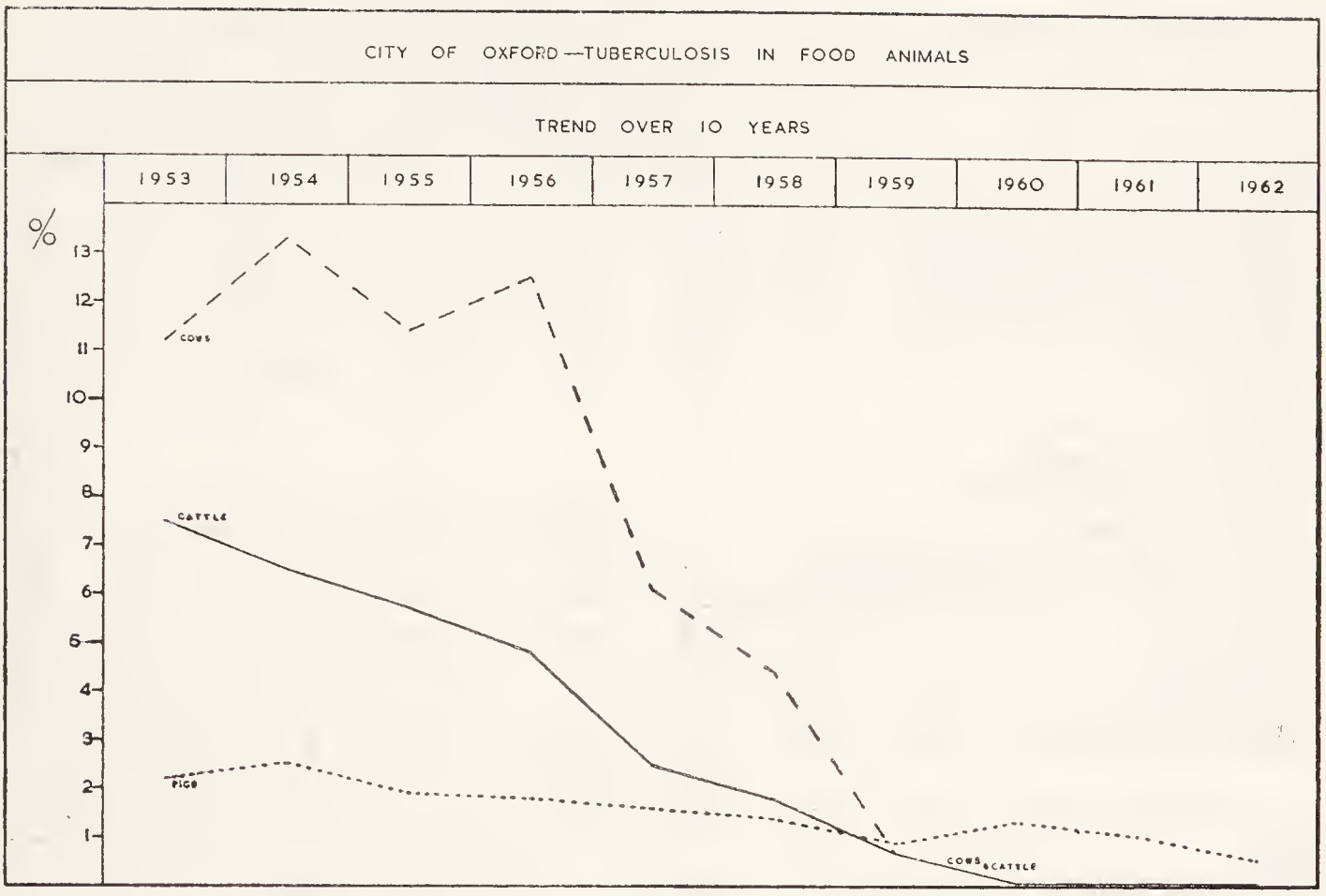
Percentage of Animals affected with Tuberculosis

	Cattle	Cows	Calves	Pigs
1952	9.8	12.0	0.09	3.0
1953	7.5	11.2	0.09	2.2
1954	6.5	13.3	—	2.5
1955	5.7	11.4	0.08	1.9
1956	4.8	12.5	0.1	1.8
1957	2.5	6.1	0.05	1.6
1958	1.8	4.4	—	1.4
1959	0.7 (Adult Cattle)	—	—	0.9
1960	0.07	0.01	—	1.34
1961	0.08	0.03	—	1.04
1962	0.05	—	—	0.55



Tapeworm and Cyst (Heart Muscle)

Tuberculosis in Food Animals. Trend over 10 years



Tuberculosis in Food Animals, 1962

Portions dealt with	Bovines	Pigs	Totals
	No.	No.	No.
Whole Carcases	—	—	—
Part Carcases	—	8	8
Whole Offal	—	—	—
Part Offal	3	50	53
Totals	3	58	61

Inspections and Condemnations, 1962

	Adult Cattle	Calves	Sheep and Lambs	Pigs
Number killed	5,887	1,042	19,051	10,586
Number inspected	5,887	1,042	19,051	10,586
All diseases *except* Tuberculosis:	*No.*	*No.*	*No.*	*No.*
Whole carcases condemned ..	—	2	6	5
Carcases of which some part or organ was condemned ..	1,327	8	361	1,005
Percentage of the number inspected affected with disease *other than* tuberculosis ..	22.53%	0.96%	1.9 %	9.24 %
Tuberculosis only:				
Whole carcases comdemned ..	—	—	—	—
Carcases of which some part or organ was condemned ..	3	—	—	58
Percentage of the number inspected affected with tuberculosis	0.05%	—	—	0.55 %

Diseases other than Tuberculosis in Food Animals, 1962

	Carcase		*Offal*	
	Total	Partial	Total	Partial
Adult Cattle				
Johne's disease	—	—	—	—
Actinobacillosis (Mycosis)	—	—	—	39
Septicaemic conditions	—	1	—	1
Pneumonia and/or pleurisy	—	—	—	14
Peritonitis	—	1	—	5
Mastitis	—	1	—	—
Hepatic abscess	—	—	—	283
Fascioliasis (fluke)	—	—	—	837
Parasitic pneumonia	—	—	—	1
Echinococcosis	—	—	—	9
Cysticercosis (C. bovis) rejected	—	—	—	11
,, ,, refrigerated	11	—	—	11
Tumours	—	—	—	24
Bruising	—	3	—	2
Emaciation	—	1	—	3
Other conditions	—	1	1	78
Totals	11	8	1	1,318
Calves				
All septicaemic conditions	—	—	—	—
Joint-ill or navel-ill	—	—	—	4
Immaturity	1	—	—	—
Other conditions	1	—	—	4
Bruising	—	—	—	—
Totals	2	—	—	8
Pigs				
Swine erisipelas	1	—	1	1
All septicaemia conditions	2	—	1	7
Pneumonia and/or pleurisy	—	—	—	516
Pyaemia	—	—	—	1
Echinococcosis	—	—	—	2
Ascariasis (milk spot)	—	—	—	370
Bruising	—	2	—	1
Abscess	—	—	—	9
Other conditions	2	2	—	92
Totals	5	4	2	999
Sheep				
All septicaemic conditions	—	—	—	2
Fascioliasis (fluke)	—	—	—	248
Pneumonia and/or pleurisy	—	—	—	7
Parasitic pneumonia	—	—	—	—
Cysticercus bovis	—	—	—	7
Echinococcosis	—	—	—	30
Bruising	—	4	—	—
Emaciation	5	—	1	2
Pyaemia	—	—	—	2
Arthritis	—	1	—	—
Other conditions	1	1	—	56
Totals	6	6	1	354

Unsound Meat

Most unsound meat and inedible offal is removed from the slaughterhouses by arrangement with a firm of processors and specially marked vans are used with the material kept securely under cover. The system appears to work satisfactorily. A small amount is released from time to time for use at dog kennels and a mink farm, while pharmacological interests collect certain glands and organs. The amount of meat condemned locally has been, as usual, comparatively small and no official seizure was necessary at any time.

(iv) Sampling of Food and Drugs

194 (153) samples of food and drugs were submitted to the Public Analyst at his Reading laboratory and 13 (6) were reported as non-genuine. As reported in the section on milk, 277 milk samples were informally examined by the Gerber process in the office laboratory and all samples proved satisfactory. Local milk depots had no unsatisfactory report on their laboratory sampling, and, except for one or two adulterated samples of hot milk taken from local snack bars in December, milk quality continued to be satisfactory. The 13 non-genuine food samples included:—

(1) Finest quality lard—rancid and containing excessive amount of free fatty acid (1.3%) and moisture (0.29%)—formal follow-up sample—satisfactory.

(2) Claret Consomme (a soup powder)—unpleasant odour and flavour with only 5% claret. Not of the quality expected from price and label—retailer in communication with importers.

(3) Mock Salmon Cutlets—incorrectly described—manufacturers amended wording on label to "Croquettes".

(4) Pork Cutlets—incorrectly described. Sample contained less than 95% of meat (87%)—label amended to read "Minced Pork with Spices".

(5) Wax models containing liquid (sold to children)—contravention of Mineral Oil in Food Order, 1949, as no notice displayed concerning non-consumption of outer casing—shopkeeper (outside City) discarded rest of stock. (None found in City).

(6) Fish paste—fragments of glass found in jar of paste—investigation proved inconclusive.

(7) Honey, Glycerin and Syrup compound—deficient in sugar (11%) and acetic acid—manufacturers have matter in hand.

(8) Hot milk—11% deficient in solids-not-fat, 13% added water—official warning by City Council.

(9) Hot Milk—15.7% deficient in fat, 21.3% deficient in solids-not-fat, 25% added water—official warning by City Council.

(10) Hot Milk—3.1% deficient in solids-not-fat, 10.5% added water—official warning by City Council.

(11) Glycerin, Lemon and Honey—glucose, honey and lemon oil no longer in B.P. specification as stated on label—manufacturers to include date when products were within B.P. specification.

(12) Tincture of Iodine—excess of iodine and potassium iodide—excess found to be due to evaporation—manufacturers providing closer fitting caps for bottles.

(13) Hot Milk—3.3% deficient in fat, 27.3% deficient in solids-not-fat, 29.2% added water—official warning by City Council.

The following matters were reported to the Health Committee during the year and warnings were issued in each case:—

Dirt in Milk bottle (two cases)
Nail in scone
Mouldy steak and kidney pie
Mouldy Cornish pastie
Mouldy chocolate eclair
String in loaf
Brown loaf containing grease and dirt
Razor blade in doughnut
Grease in bread rolls
Foil wrapping in drink
Grease in loaf
Streak of oil in loaf
Mouse dropping in loaf
Mouldy chicken
Maggots in portion of fried chicken
Screw in butter
Glass in jar of fish paste
Moth larvae in chocolate biscuit
Mouldy crumpets
Cheese spread infested with mite
Paper clip in bread
Twine in pot of jam

Complaints of this nature are becoming a regular feature of the food hygiene work of the Department. While many are unfortunate and difficult to avoid, it seems clear that many are instances involving carelessness, lack of thought and even intelligence on the part of workers in food premises. This, despite frequent publicity both locally and nationally in regard to clean food handling. Press articles, television programmes and radio warnings still appear inadequate to safeguard our food from some most distressing conditions. Prosecution is not the answer yet warnings may continue *ad infinitum* without reducing the incidence. It seems inevitable that from time to time complaints will be received regarding unsatisfactory conditions affecting foodstuffs. The public can assist greatly towards securing improvement by promptly reporting all cases, particularly where satisfaction is not received from their local trader. It is notable that of recent months there has been an increase in the amount of fines and penalties imposed throughout the country by Magistrates.

Samples taken for Analysis during the year 1962

Article	No. of Samples obtained			Result of Analysis	
	Informal	Formal	Totals	Genuine	Non-Genuine
Beverages	17	—	17	17	—
Cheese	2	—	2	2	—
Cold Milk	—	2	2	2	—
Confectionery	2	—	2	1	1
Cream	10	—	10	10	—
Drugs and Cough Mixtures	11	—	11	10	1
Fat	2	1	3	2	1
Fish	4	—	4	3	1
Flour products ..	10	—	10	10	—
Fruit	16	—	16	16	—
Health Drinks ..	11	—	11	9	2
Hot Milk	—	5	5	1	4
Ice Cream	24	—	24	24	—
Meat Products ..	22	—	22	21	1
Milk (canned)	1	—	1	1	—
Nuts	1	—	1	1	—
Preserves	13	—	13	13	—
Rice (fried)	1	—	1	1	—
Sauces and essences ..	13	—	13	13	—
Sausages (beef) ..	4	—	4	4	—
Sausages (pork) ..	3	—	3	3	—
Sausage Meat (beef) ..	2	—	2	2	—
Slimming Foods ..	2	—	2	2	—
Soup	2	—	2	1	1
Spices	2	—	2	2	—
Spirits	—	5	5	5	—
Spreads	3	—	3	2	1
Vegetables	2	—	2	2	—
Jellies	1	—	1	1	—
Totals ..	181	13	194	181	13

As will be noted from the list, the principal items sampled involved beverages, cream, flour products and fruit, ice cream, meat products, sauces and a number of drugs. Of the unsatisfactory samples reported, 4 involved faults in respect of labelling; one involved a jar of paste having glass fragments in it; 4 samples of hot milk were found to contain added water due to the use of steam injection for heating purposes; a child's confection formed of wax was found to contravene the Mineral Oil in Food Order, 1949; a sample of Tincture of Iodine contained excess of iodine due to evaporation through a faulty cap; one sample of lard was rancid and a sample of foreign claret consomme (soup) had an unpleasant odour and was of inferior quality.

I would repeat my remarks of last year in regard to the general high quality of most foods and drugs now on the market. Indiscriminate sampling of food and drugs, however, seems a waste of time and effort. There is need for greater co-ordination and intelligent approach to the whole question of the sampling of food and drugs so that the maximum benefit may be achieved from the minimum of effort and cost. There is still need to warn food handlers in business with regard to stock rotation,

which, if neglected, is invariably a cause of trouble. It is gratifying to report this year an improvement in attention to this important factor. Too many retailers, however, are prone to neglect it. Rotation of stock in cold storage cabinets is perhaps the worst feature. There is also a considerable likelihood of stock being lost in the case of refrigeration breakdown for this seems to happen too frequently at weekends or holidays.

Frozen Food Cabinets

There is greater need for proper maintenance and careful supervision of frozen food cabinets with attention to stock piling below the loading line and within the safety zone of the cabinets. The placing of new stock at the bottom of the cabinet and not on top of older stock is a basic requirement of good hygienic routine. Many packers now send out codes of practice giving guidance on the proper use of frozen food cabinets and this is to be commended. This Department also sent out early in 1962 a stencilled set of practice notes giving guidance on the care, presentation and sale of perishable foods. This formed an interesting contribution to the first issue of Oxford's Local Consumer Group now operating actively within the City.

Bacteriological Investigations—The Public Health Laboratory Service

Much greater use was made of the Public Health Laboratory Service facilities during 1962, no fewer than 430 samples of various kinds being submitted.

The following is a list of the samples submitted:—

Ice Cream	131
Equipment Swabs	59
Bubble Gum and Sugar Sweets	41
Fresh Cream	34
Artificial Cream	2
Cream Cakes	7
Ice Lollies	37
Pork Sausages	10
Beef Sausages	12
Canned Food	6
Lychees	1
Roast Beef	1
Meat Inspection samples (Lymph nodes, Organs, etc.)	18
Sewer Swabs (Slaughterhouse)	8
Pigeons	11
Milk Bottles	2
Faeces	23
Swimming Bath samples	23
Drinking Water samples	3
Cough demonstration specimen	1
	430

As will be seen, ice cream and cream samples formed a large part of our activity and there is no doubt that the sampling results proved important in achieving better standards, both in hygienic handling and preparation of these important foods. A number of sewer swabs taken at the slaughterhouse failed to show any significant results and were not proceeded with, although it might be worthwhile carrying out a further prolonged test of this kind when the slaughterhouses have settled down after modernisation. There was considerable interest in bacteriological results of ice lollies, although the majority of the samples taken proved satisfactory. Colleagues in other districts have been somewhat perturbed at the conditions found on examination of samples. The sausage samples were taken as a further follow-up of our investigation of the previous year. Average counts again proved to be over 5 million organisms at 22°C and varying from ten thousand to over 3 million at 37°C. There were 3 cases where scanty growths of Staph. aureus were isolated and in no less than 22 cases B. coli was isolated.

In so far as bubble gum sweets and machines were concerned Streptococci were isolated in 4 cases, B. coli in 1, and Clostridium Welchii in 1. In all cases reports were made to the operators and action taken to either clean the machines or withdraw them from use. Two of the faeces samples proved positive to Salmonella Heidelburg, both being from the same patient. A sample of roast beef formed the subject of a complaint and was found on sampling to give a heavy growth of Clostridium Welchii, B. coli and Streptococci. Swabs of the butcher's equipment at the shop where the beef was purchased revealed no growth of any significance and the investigation proved inconclusive. A number of swabs of a soft ice cream machine operating in the City gave rise to some misgiving with constant positive Staph. aureus growth. A check on hygienic routine showed that it had not been adequate and there was faulty cleansing of interior washers which appeared to give rise to Staph. aureus contamination. After detailed guidance and a further series of swabs, samples proved satisfactory and no further trouble has been experienced from the supply in question.

There was also some misgiving with regard to the number of contaminated cream samples, there being frequent Staph. aureus found in some and heavy growths of B. coli in others. There was also unsatisfactory keeping quality thought to be due to faulty stock rotation in a number of shops. One large producer of cream was considerably disturbed at the results from samples and undertook a detailed examination of his production routine. Faulty polythene tubing leading from the milking parlour to the collection area was found to be the cause of some contamination, the tubing being cracked and crazed throughout a length laid through a stone wall. The tube was probably damaged by alkaline reactions. It was replaced by pyrex material and improvement in results was noted. Sampling of cream was continuing at the end of the year from a variety

of sources and there is no doubt that some care is needed with this product so easily liable to contamination and spoilage.

Swimming bath waters generally proved satisfactory. The examinatfon of a number of slaughterhouse specimens resulted in one positive Actinomycosis, 2 Sarcosporidiosis, and a number of indeterminate results from pig lymph nodes where Tuberculosis was suspected, 5 cases showing granulomatous tissue due to acid fast organisms. However, cultures were not positive. Careful watch is being kept on infections of this kind with a hope of tracing possible Tuberculosis infection. The Ministry Veterinary Service are most co-operative in this regard.

Merchandise Marks Act

Somewhat less attention was given to this aspect of our routine work during the year and 266 (736) visits were made in connection with the marking and display of certain foods in the City. The Oxford Consumer Group became active during the year and gave much attention to weights and measures and marking of retail goods. There is no doubt that this group will be most active in the field of food sales and display. By the end of the year meetings had been arranged for early 1963 concerning shopping standards in the City with a special meeting on "What a Local Consumer Group Can Do". The Chief Public Health Inspector was invited to address this meeting.

Greater attention may be needed to the Merchandise Marks Act routine in the coming year in the light of this interest.

Foodstuffs Surrendered for Destruction

Commodity	Weight in lbs.	
Cereals	85¼	
Cheese	143¼	
Confectionery	24	
Fats	62¾	
Fish	592	
Flour	287¼	
Fruit	818¼	
Ices	153¼	
Meat	1,477½	
Preserves	140	
Sauces	11½	
Sausages (Beef)	19	
Sausages (Pork)	8	
Vegetables	1,888	
Canned—		5,710
Meat	2,519½	
Fruit	3,499	
Vegetables	1,189½	
Fish	204½	
Milk	293	
Jam	132	
Soup	191¾	
Miscellaneous	679¼	
		8,708½
		14,418½

Most of the foodstuffs were disposed of by deep tipping at the Corporation tip by arrangement with the City Cleansing Superintendent. Close supervision is given to this work.

One or two items, mainly of meat products, were incinerated at the local hospital and no trouble was experienced in this regard.

(v) Markets

It is pleasing to record the completion of the improvements to the fish stalls at the central Oxford market. An excellent standard of hygienic finish has been achieved with a simple straight-forward drainage system permitting easy cleansing of display slabs and floors. Photographs have been taken in order to record visually an improvement which has been long awaited. The market generally continues to improve in appearance and regular inspection is carried out as a means of stimulating still further attention to hygienic sale of food, etc. The Oxpens open market continues on Wednesdays and inspection there is made with particular regard to the handling and sale of foodstuffs. Standards are reasonable and co-operation is forthcoming from the Market Superintendent who is always ready to assist in connection with unsatisfactory stallholders.

The number of food shops and stalls in the markets are as follows:—

Covered Market—

Butchers	15
Fishmongers and Poulterers	5
Fruiterers and Greengrocers	14
Grocers	2
Restaurants	3
Cake and Confectionery	4
	43

Open Market—

Fruiterers and Greengrocers	9
Confectioners	2
Biscuit and Cake Stalls	2
Grocers	1
Ice Cream Dealers	1
Fishmongers	1
Game	1
	17

Fertilisers and Feeding Stuffs Act

Six samples were taken during the year made up of 3 of fertilisers and 3 of feeding stuffs. All were returned as satisfactory. Materials in this field now seem to have reached a very good standard. There seems little point in extensive sampling but arrangements are being made for taking rather more fertiliser samples as these may give more ground for variation in quality.